GUY'S
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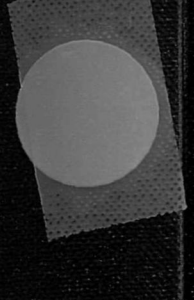

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GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXVII. No. 1682 10th January 1953 *One Shilling*

LIBRARY

PASSIM

OUR first number of the New Year reveals the *Gazette* in a fresh suit of clothes. The clearer and larger type face which has been chosen will, we hope, make our journal more legible and more attractive in appearance. Larger print means fewer words to a page, though with a reduced margin and other adjustments we believe the actual loss will be slight, and so the total of the reading matter in the entire issue should not be greatly affected.

Any material change in the appearance of the *Gazette* sets us thinking of the many hundreds of previous editions which have appeared since it first saw light in 1872. In a small way the present issue adds one more facet to that many-faced mirror of the past 81 years, and it is thus particularly appropriate that we should include in our pages this week an illustration of a copy of the first issue of the *Gazette* which was recently brought to us by an old Guy's man. This, coupled with a summary of our journal's history to date, starts us off in the New Year on a personal note which is introspective only in so far as we set out in 1953 conscious of a tradition : sensible of a privilege : aware of a responsibility.

On January 1st the Minister of Health, the Rt. Hon. Iain Macleod, M.P., paid an official visit to Guy's. He was received by the Chairman and the Superintendent together with other senior members of the staff.

Accompanied by his parliamentary private secretary he was conducted on a tour of the Hospital and was able to inspect the condition of the old buildings, notably in Guy's House, and see a representative selection of medical and surgical wards. He also spent some time visiting the dental department. The minister's visit is of particular interest in view of the scheme which is already approved for rebuilding much of the Hospital, though we understand that he was unable to give any definite information as to when the work is likely to be started.

In this connection it is interesting to observe that four small walls faced with different varieties of brick have been built in line, almost as if on parade, in the " Alcove Court " (to coin a phrase) near the Colonnade. They have aroused considerable speculation, and it is surprising to discover how easily they excite a desire to leap over them. But they do not represent an attempt to stimulate a 20th century Remus. We understand that they serve as examples of the type of facing which may, in due course, be applied to the walls of the new Guy's.

We extend our congratulations to Miss Frances Goodall, the General Secretary of the Royal College of Nursing, on being awarded the C.B.E. in the New Year's Honours List. Miss Goodall was a member of the nursing staff at Guy's from 1916–1927.

Our congratulations are also due to Mr. Geoffrey Hammond on his appointment as Consultant Obstetrician and Gynæcologist to the Winchester group of hospitals.

After 23 years' service at Guy's, Mr. D. H. Gadd, the senior technician in the Department of Physiology, has been appointed Senior Technician to the Physiology Department at Otago University, Dunedin, New Zealand. We send to him and his family our good wishes for their new life in the southern hemisphere.

We are delighted to see that B. M. Gray, N. A. Labuschagne and J. R. C. Matthews were playing in the final England trial at Twickenham last Saturday, and that Labuschagne has been selected to play for England against Wales on January 17th.

We record with much regret the death of Leonard Abraham Rees (who qualified B.D.S. in 1949) in the air disaster near Belfast on January 5th, and extend our deep sympathy to his family in their tragic loss.

GUY'S DIARY

JANUARY

		Exhibition. Surgical Department. "Fractures."
12th	1.00.	Dr. Harris. Clinical Lecture. "Signs of Anæsthesia."
15th	1.00.	Mr. Lloyd. Clinical Lecture. "Tertiary Syphilis."
	5.00.	X-ray Meeting. Gordon Museum.
16th	1.00.	Dr. Hardwick. Clinical Lecture.
	2.15.	Combined Round. Preclinical Classroom.
19th onward.		Exhibition. Cardiac Department. "Some Aspects of Congenital Heart Disease." Gordon Museum.
	1.00.	Mr. Murray Falconer. Clinical Lecture. "The Relief o Intractable Pain by Surgery."
20th	12.00.	Professor Herbert. Dental Clinical Lecture. "The Treatment of Periapical Infection." Dental Theatre.
	1.00.	Mr. Blackburn. "Acute Intestinal Obstruction."
22nd	1.00.	Mr. Eckhoff. Clinical Lecture. "Hand Contractures."
	5.00.	X-ray Meeting. Gordon Museum.
23rd	1.00.	Dr. Holling (for Dr. Grant). Clinical Lecture. "The Circulation in Arm and Leg."
	2.15.	Clinico-Pathological Meeting. Gordon Museum.
26th	1.00.	Professor Dew. Clinical Lecture.

GUY'S HOSPITAL GAZETTE, 1872-1953

A FULL and detailed account of the history of the Gazette *up to* 1925 *was written for our Bicentenary Number that year, and subsequently brought up to date in the Jubilee Number, December 5th,* 1936.

The following brief summary of the Gazette's *history to the present day owes much to what is set down in those accounts.*

In October, 1872, a second year medical student, T. Cattell-Jones, assisted by Edward O. Giblin and Henry Clarke, a dental student, brought out the first number of the *Guy's Hospital Gazette* as an entirely private venture. There was, at this time, a monthly periodical in existence called *The London Students' Gazette* which had been started in 1871. In 1873 it was replaced by *The Students' Journal and Hospital Gazette.* That publication has long since disappeared. With this exception, then, it seems that Guy's did produce the first students' gazette—it was certainly the first London hospital gazette, for the second one to appear, at St. Thomas's Hospital, was not published until eighteen years later. There would thus seem to be some evidence to support a claim that *Guy's Hospital Gazette* is " the oldest students' journal in the world ".

The first number consisted of four pages, the second of eight ; (today the *Gazette* averages thirty-two pages). It was published weekly at 2*d.* a copy, and its appearance was greeted with enthusiasm, indeed Mr. Birkett, then senior surgeon of the hospital, remarked : " From the perusal of number one I think I ought to say that I believe it is a publication which may be attended with very great advantage."

In 1875 the price was raised to 3*d.* and henceforth the *Gazette* was published fortnightly. But in 1880, during a period when there was considerable difference of opinion concerning the organization of the nursing staff, the editor took sides " rather vigorously " for the staff against the Governors who thereupon suspended the *Gazette* for six and a half years. In 1886 however, the Governors gave permission for re-publication provided that a member of the Staff acted as censor. The presidents of the Pupils' Physical Society undertook the editorial duties, though such plurality of direction soon gave way to a single editorial hand supported by a committee.

On September 23rd, 1893, the *Gazette* celebrated its coming of age and the editor wrote : " We may be permitted to boast that, in this year of grace wherein we reach our majority, we have been for the first time appealed to as a financial power in the medical school, and have been allowed to finance the residents in the matter of a piano." This appears to be the first of a number of financial benefactions sanctioned by the *Gazette* Committee, the more recent of which are set out at the end of this article.

It is interesting to note that in 1894 it was stated that " The Guy's Hospital *Gazette* is the journal of the Pupils' Physical Society . . . ", though in 1900 this society was relieved of all control and the *Gazette* has, since that date, been published by its own Committee.

During the first world war fortnightly issues were maintained, as indeed they were during the 1939–45 struggle despite paper shortages, strikes and increased costs, though the size of the pages of the *Gazette* has been reduced since July, 1942.

No account of the history of the *Gazette*, however brief, should omit to mention its famous contemporary some fifty years ago called the *Guyoscope*. The first number appeared in 1897 and was not intended to compete with the *Gazette* but to supplement its somewhat serious subject matter by describing some of the more humourous sides of the hospital life—it was a sort of medical *Punch*. The cartoons and articles were immensely popular and when, after less than a year's existence, it was brought to an end, " its decease ", says Dr. L. G. Housden, " was mourned by all the leading London medical journals, the existing students' hospital magazines, and some of the London daily newspapers." Attempts were made to revive it in 1898 and 1905 but without permanent success. One may perhaps catch a faint echo of those hilarious days in *Pulse* which from time to time has appeared as a wall magazine in the medical school during the past few years.

This brief survey is concluded with the following information about the *Gazette* and its activities :—

CIRCULATION : 1887—400 copies, 1927—2,500, 1952—4,500.

FINANCE :

In 1888 the subscription was 6*s*. 6*d*. per annum.

In 1922 the subscription was 12*s*. 6*d*. per annum including the *Directory of Guy's Men* which is published by the *Gazette* Committee. In 1933 the financial security of the *Gazette* was endangered owing to the defection of the manager, leaving a considerable deficit. Despite this embarrassing state of affairs publication continued and our present manager was appointed. Since then all outstanding liabilities have been paid off and the *Gazette* Committee has handed over to the Clubs' Union the following sums for its activities :—

£600 towards the cost of Squash Courts.
£1,000 for capital expenditure.
£700 for repairs at Honor Oak Park.
£150 for the Students' Library.
£225 for wrought iron gates at Honor Oak Park.
£405 for the College dining room.

GAZETTE COMMITTEE :

Today the Committee is made up as follows :—
3 members of the Hospital or School Staff.
Censor.
2 Clubs' Union Representatives.
President of Residents.
4 (not more than 6) Student Representatives.
1 Dental Correspondent.
2 Nursing Correspondents.
Editor.
Assistant Editor.
Manager.

Between 1872 and 1953, 106 Guy's men have occupied the Editorial Chair. The list of names, which includes several present members of the hospital staff, is printed in " Guy's Hospital 1725–1948 ", page 173, published by the *Gazette* Committee.

THE FIRST NUMBER OF *GUY'S HOSPITAL GAZETTE*

A FEW weeks ago Dr. Robert Tilbury, who qualified at Guy's in 1901, presented to us a copy of the first issue of the *Gazette*, dated October 1st, 1872. Despite its age, the folded sheet is still in surprisingly good condition, though somewhat marked and tattered as the illustration overleaf shows. No decision has yet been reached by the *Gazette* Committee as to the way in which this interesting relic may best be preserved.

Meanwhile we should like to express our warm thanks to Dr. Tilbury for so valuable and historic a gift, for although bound copies of the first issue exist, an unbound copy such as this must be considered a rarity. We print below his account of how it came into his possession, and on the following pages we are reproducing, as far as possible in the original form, the entire contents of this first issue.

Dr. Tilbury writes :

Old Guy's men of the '90s and particularly my own contemporaries of the '95s, will be interested to know how I came by this relic. It was given me by a then well known character, William Betts of the Museum. His arrival at the Hospital from London Bridge Station with chimney-pot hat, frock coat and small black bag, was a thing not to be missed and the preparation for the 9 o'clock anatomy lecture was his first important job. Mr. Lucas and Mr. Golding Bird were the lecturers at that time. Mr. Fripp (later Sir Alfred), Mr. F. J. Steward and Mr. Hamilton were demonstrators in the dissecting room and Hancock the attendant. Betts was a strict disciplinarian and if one had borrowed a precious sphenoid or temporal bone and it was not returned in good time, a look from him over the top of his spectacles was sufficient chastisement ; however, he was always helpful to the new students.

Mr. G. A. R. Winston, who kindly refreshed my memory about dates, tells me that Betts retired in 1898 and died in 1917 aet. 90, but says in another account he was stated to have been born in 1824 (started at Guy's in 1847) making him 93—the latter is probably correct. I did not see him much until after I qualified and went out to South Africa as a civil surgeon, and when I returned at the end of 1901 I went to do locum for Dr. Williams Cock (father of Stanley Cock who used to do sketches for The *Guyoscope*). Betts had lived for many years at 19, St. Mary Road, near Queen's Road Station, and one day his niece, Mil Marsh, who kept house for him, called to say her uncle wished to see me and would I call. I found him sitting up in bed, in night cap, long white night-gown, and spectacles as usual at the end of his nose. After looking me up and down and asking what experience I had had since he saw me last, he consented, much to his niece's relief, to consult me. It was then that he gave me the first Guy's *Gazette* together with some photographs of Mr. T. Briant, Sir Henry House, Dr. Washbourne, Dr. Pye Smith and many others, all of which have unfortunately faded out. I think eventually the Governors found him a home in the country before the first World War.

Guy's Hospital Gazette.

No. 1. TUESDAY, OCTOBER 1, 1872. Twopence.

IN launching this little sheet—which it is intended to publish weekly—we, the Editorial Committee, wish to draw the attention of Guy's men to what our present intentions are.

There can be little doubt but that there has been a great want of some medium of communication between one class of Guy's men and another. Guy's Hospital is a large place, and it is quite impossible for any student to expect to be cognisant of all that takes place within its walls.

It is therefore obvious that every student misses much that is interesting, and that a great many things take place in the Hospital, from which he might derive useful information, but which it is impossible for him to see simply because he is not ubiquitous. It is, therefore, our intent to bring before each student an account of everything of interest that passes at Guy's, so that he may as it were have his powers of observation multiplied.

As this paper will be published weekly, we shall be enabled by its means to inform students of many things which are to take place during the ensuing week, and thus enable him to make better use of his time than he otherwise could do.

We would ask all Guy's men to aid us with every information they may think will be useful to their fellow-students. To the Surgical, Medical, and Clinical Clerks we shall look for reports of remarkable cases; to the P. M. Clerks for notes of interesting autopsies, and to the others, each in their several departments, for an account of such facts as they may come across in discharging the duties of their own several appointments, and may think likely to prove of value to others. And we trust that all Guy's men will do their best to support and aid our undertaking, which has as one of its prominent objects the formation of a closer bond of union between the several classes of students than the usual course of study now tends to produce.

It is perhaps scarcely necessary to say that money-making is not an object, and all that the promoters of this little paper hope, for is that sufficient patronage will be extended to it to enable it to pay its way.

We do not wish this paper to consist of two or three special articles, strung together by clever brains, but rather a statement of facts that have occurred or are about to occur in the Hospital; and though our first number may seem to be meagre in the *news* it conveys, yet we hope as our sources of information become multiplied, to collect in future numbers all the news that may be of value to students.

Our pages will also be open to letters from Correspondents, and we shall always be happy to answer, as far as lies in our power any questions that may be put to us in that form.

Our advertising columns will also be open, at a cheap rate, for all students who may have any articles of a professional character to dispose of.

We would draw special attention to the column entitled "Our Note Book," containing, as it will do, the most important aphorisms let fall from the lips of our teachers and which up to this time have been heard only by the few who chanced to have been present at the time they were spoken, but now will be given to all through the medium of this paper.

With regard to the accuracy of statements contained in our pages, we can only say that in every case we shall endeavour to do our best to publish only news obtained from reliable sources, and to verify our reporter's statements as much as possible. Should, however, any inaccurate statements appear in spite of our care we will always correct the mistake in our next number. But in no case do we hold ourselves responsible for opinions expressed in any communication which may be addressed to us.

We conclude by wishing all old students a welcome back to work again, and no less a hearty welcome to those new students who come among us now for the first time.

We earnestly hope that this little publication may have such a tendency as to enable us the better to work through the ensuing session, and with a unity and a harmony that will cause us in after life—far away it may be from the scene of our present labours—to remember with pleasure the days of our studentship, when the helpful co-operation of our fellow-workers made the time pass so pleasantly and profitably.

WE wish to draw attention to the new Prospectus, which has evidently been prepared with great care and is obviously a marked improvement on the old one. The Hospital is becoming such a large place as really to require a plan to guide fresh men about its numerous departments. With regard to the history of the Hospital, a great omission existed in the old Prospectus as to the share WILLIAM HUNT had in the establishment of the School; this defect has been remedied in the present edition, and a correct and concise account of the institution is presented to the reader.

We would draw special attention to the advice to Students, given on page 52. There is no doubt but that the whole of a man's time should be devoted to the study of the subjects for the primary examinations at the College and Hall until he has passed those examinations.

THE FIRST PAGE.

continued on the next four pages

The appointments sometimes held before this goal has been reached can only tend to divert the mind from these all-important subjects, and on the other hand the fact of being hampered by the thought of a coming examination must prevent a man from giving proper time and attention to his Surgical Ward Clerkship, or whatever junior appointment he may be holding. We would, therefore, judging by our own experience, advise first and second year's men to wait till their primary examinations have been successfully passed before they undertake the duties of any appointment.

The abstract of the regulations of the various licensing bodies, which is found at the end of the Prospectus will be useful for frequent reference.

OUR NOTE BOOK.

Gleet when it has existed for 3 or 4 months, is almost always accompanied by stricture.

The gleet cannot be cured, unless the stricture be dilated, as the portion of urethra behind the stricture forms a pouch for the lodgment of irritating discharge.

Impacted wisdom tooth happens more frequently on the lower jaw.

Stumps of teeth when causing no irritation are better left, as they preserve the contour of the face.

The breaking-off of hairs, close to the roots, though suggestive of Tinea Tonsurans, is not characteristic of that disease.

Headache, if in the forehead, points to indigestion, but if on top of the head it is probably caused by nervousness or anæmia.

MEDICAL WARDS.

Case of Typhoid Fever occurring in a Patient, who has been in the Hospital 2 Months.

Emma Y——, æt. 23, was admitted into No. 23 (Mary) Ward on 15th July, 1872, suffering from paraplegia.

For this she was treated with little success till September 20th, when she had a rigor.

By the 24th symptoms of Typhoid Fever were fully developed.

September	24..	M.	103·6	119	19	
„	25..	M.	103·2	112	25	6 rose spots
„		E.	103·2	132	48	Diarrhœa
„	26..	M.	104·7	119	30	Diarrhœa
„		E.	103·8	136	34	
„	27..	M.	104·5	112	26	

This is a case of considerable interest with regard to the infectiousness of Typhoid Fever.

On the 8th September a Patient was admitted into Mary Ward (No. 7), suffering from a violent attack of Typhoid Fever. Twelve days afterwards Emma Y—— had a rigor, followed by the usual symptoms of the disease. The two patients lie in different sections of the Ward, and are under different nurses. Emma Y—— has been confined to her bed for two months, and therefore has not used the water-closet of the Ward. How has the germ been conveyed ?

Case simulating Pericarditis.

Stephen F——, æt. 42, Stephen Ward, No. 37. Patient was admitted on September 11th, complaining of pain over the left scapula.

He was spitting a great deal of tenacious sputa of a yellowish colour.

There is a hard mass in the right cervical region, and another probably malignant in the left axilla.

The Physical signs are—Dullness on percussion all over left side of chest—deficient vocal resonance—deficient respiratory murmurs —absence of tactile vibration.

A rub synchronous with the heart's impulse is heard over the sternum, and appeared for the first time on the date of admission.

There were no febrile symptoms.

The case was naturally set down to be one of Pericarditis, but on the rub continuing to be hears for 3 weeks, Dr. Wilks came to the conclusion that the sound must be exocardial.

On the 27th September the rub could be distinctly heard, the other conditions also remaining the same.

Dr. Wilks remarked that he had often seen cases in the Post-mortem Room that during life were set down to be Pericarditis, but which turned out to be inflammation of that part of the pleura which lies in front of the heart.

The following New Cases have been admitted into the Medical Wards since September 23, 1872.

PHILIP.

No. 5—Admitted September 25th—
Disease—Bronchitis and Emphysema.

No. 18—Admitted September 25th—
Disease—Bronchitis and Emphysema.

No. 20—Admitted September 25th—
Disease—Tonsillitis.

No. 24—Admitted September 25th—
Disease—Locomotor Ataxy.

STEPHEN.

No. 22—Admitted September 23rd—
Disease—Gastrodynia.

No. 27—Admitted September 25th—
Disease—Empyema, tapped 9 months ago.

No. 35—Admitted September 25th—
Disease—Progressive Muscular Atrophy.

ADDISON.

No. 3—Admitted September 25th—
Disease—Bronchitis.

No. 6—Admitted September 25th—
Disease—

No. 13—Admitted September 25th—
Disease—

No. 14—Admitted September 25th—
Disease—

No. 23—Admitted September 25th—
Disease—

No. 25—Admitted September 25th—
Disease—

No. 35—Admitted September 25th—
Disease—Chronic Rheumatism.

MARY.

No. 2—Admitted September 25th—
Disease—Morbus, Cordis.

No. 30—Admitted September 25th—
Disease—

No. 43—Admitted September 25th—
Disease—

No. 46—Admitted September 25th—
Disease—

PETERSHAM.

No. 3—Admitted September 27th—
Disease—

No. 8—Admitted September 26th—
Disease—

No. 21—Admitted September 25th—
Disease—

No. 26—Admitted September 26th—
Disease—

SURGICAL WARDS.

Case of Malignant Disease of Œsophagus—Gastrotomy—Death.

Joseph——, æt. 53, admitted in Naaman Ward (No. 7) on the 15th September.

He was suffering for 12 months from constriction of his throat.

No attempt was made to pass a bougie.

On the 17th—Gastrotomy was decided upon and performed by Mr. Bryant. After this ½ gr. morphia was given in suppository.

18th—Patient's strength seemed failing. Brandy was passed into the stomach through the opening, but without avail, as patient died at 6.30 a.m.

(Post-mortem Examination.)

Broncho-pneumonia of both lungs. Glottis filled with mucus. Just below this in œsophagus was an ulcerating malignant surface, which had contracted the canal and just allowed a director to pass. It extended about 3 inches down the œsophagus. About 4 inches from cardiac end of œsophagus was a growth which almost filled the canal, and would have rendered the operation of gastrotomy unavailing, though the position of the cancer would have permitted it. There was no peritonitis. About an ounce of blood had escaped into the peritoneum. The wound in the stomach was situated about 4 inches from pylorus, and round it was a slight trace of adhesion.

The following Cases were admitted into the Surgical Wards during the past week, ending September 28th :—

No.

JOB.

21—Admitted on the 25th—
Disease—

LUKE.

7—Admitted on the 27th—
Injury to Foot (3 weeks)

NAAMAN.

2—Admitted on the 25th—
Stone in bladder (?)

4—Admitted on the 28th—
Disease—

5—Admitted on the 26th—
Transferred to Stephen Ward

6—Admitted on the 27th—
Injury to Hand

7—Admitted on the 25th—
Necrosis about Hip-joint

13—Admitted on the 26th—
Burns on Neck, Arms, and Back

14—Admitted on the 26th—
Extravasation of Urine

17—Admitted on the 25th—
Disintegration of the Knee-joint ; amputation on the 26th

18—Admitted on the 27th—
Suppuration in Axilla.

SAMARITAN.

7—Admitted on the 28th—
Tertiary Syphilis

1—Admitted on the 25th—
Syphilitic Eruption (Secondary)

CORNELIUS.

1—Admitted on the 25th—
Fracture of Left Tibia and Fibula

3—Admitted on the 25th—
Colle's Fracture of Right Fore-arm

4—Admitted on the 25th—
Fracture of Left Femur

9—Admitted on the 27th—
Injury to Right Ankle

ACCIDENT.

2—Admitted on the 26th—
Dislocation of Right Ankle

4—Admitted on the 27th—
Scalds on the Arms, Hands, and Face

CHARITY.

4—Admitted on the 25th—
Ulcer on Right Foot

MARTHA.

11—Admitted on the 26th—
Tumour in Breast

DORCAS.

4—Admitted on the 26th—
Thrombosis of Right Labium Majus

4—Admitted on the 27th—
Wound in Perinæum

9—Admitted on the 25th—
Stricture of Rectum

16—Admitted on the 25th—
Disease—

17—Admitted on the 25th—
Tumour over Left Eyebrow ; Operation Performed for its Removal

18—Admitted on the 25th—
Tracheotomy

25—Admitted on the 25th—
Fracture of Right Femur and Left Tibia and Fibula

BARNABAS.

6—Admitted on the 27th—
Disease—

9—Admitted on the 27th—
Disease—

RUTH.

29—Admitted on the 26th—
Disease—

39—Admitted on the 29th—
Disease—

TABLE OF WORK FOR THE ENSUING WINTER.

FIRST YEAR'S STUDENTS.

Monday	-	Physiology, 4.15 p.m.
Tuesday	-	Anatomy, 9 a.m. ; Chemistry, 11 a.m.
Wednesday	-	Anatomy, 9 a.m. ; Physiology, 4.15 p.m.
Thursday	-	Anatomy, 9 a.m. ; Chemistry, 11 a.m.
Friday	-	Anatomy, 9 a.m. ; Physiology, 4.15 p.m.
Saturday	-	Chemistry, 11 a.m.

SECOND YEARS' STUDENTS.

Monday	-	Practical Physiology, 1.30 p.m.; Medicine, 3 p.m. ; Physiology, 4.15 p.m.
Tuesday	-	Anatomy, 9 a.m. ; Surgery, 3.30 p.m.
Wednesday	-	Anatomy, 9 a.m. ; Clinical Surgery, 1.30 p.m. ; Medicine, 3 p.m. ; Physiology, 4.15 p.m.
Thursday	-	Anatomy, 9 a.m. ; Practical Physiology, 1.30 p.m. ; Surgery, 3.30 p.m.
Friday	-	Anatomy, 9 a.m. ; Surgery, 10.30 a.m. ; Medicine, 3 p.m. ; Physiology, 4.15 p.m.
Saturday	-	Practical Physiology, 1.30 p.m.; Clinical Medicine, 1.30 p.m.

FOOTBALL CLUB.

MATCHES ARRANGED.

First Fifteen.

1872.

Saturday, October		5—
,,	,,	12—
,,	,,	19—
,,	,,	26—St. George's—Nunhead
Saturday, November		2—University College—Tuffnell Park
,,	,,	9—King's College—Victoria Park
,,	,,	16—London Hospital—Nunhead
,,	,,	23—Richmond–Richmond
,,	,,	30—Clapham Rovers—Clapham
,,	December	7—St. Thomas's—Clapham
,,	,,	14—Blackheath—Nunhead

1873.

Saturday, January		11—
,,	,,	18—
,,	,,	25—St. Thomas's—Nunhead
,,	February	1—King's—Nunhead
,,	,,	8—Old Paulines—Nunhead
,,	,,	15—Clapham Rovers—Nunhead
,,	,,	22—London–Victoria Park
,,	March	1—St. George's—Battersea
,,	,,	8—Blackheath—Blackheath
,,	,,	15—University College—Nunhead

Second Fifteen.

1872.

Saturday, October		19—St. Paul's—Nunhead

1873.

Saturday, January		18—International College—Their Ground
,,	February	8—St. Paul's School—

THE NOTICE BOARD.

SESSION 1872-3.

The Introductory Address will be given by Dr. Pye Smith, in the Anatomical Theatre, at 2 p.m.

The Lectures commence as follows :—

Wednesday, October		2—Anatomy, 9 a.m.
,,	,,	Medicine, 3 p.m.
,,	,,	Physiology, 4.15 p.m.
Thursday, October		3—Chemistry, 11 a.m.
,,	,,	Practical Physiology, 1.30 p.m.
,,	,,	Surgery, 3.30 p.m.

(Signed) J. C. STEELE, Superintendent.

Appointments made July, 1872.

Res. Obstc. Assistants—
J. R. Hughes, Buchanan, Harries - - - -

Surgeon's Dressers—

Spurgin - - -	Mr. Birkett
Elliott, Nash - -	Mr. Forster
Groves, Ashby - -	Mr. Bryant
Hughes - - -	Mr. Durham

Clinical Assistants—
Golding Bird, Branfoot, Clumm, G. F. J. Smith, Morley, D. Duke - -

Eye Wards—
T. Jones, Langdale, Hicks -

Asst. Physic. Clerks—

Simmonds, Burton - -	Dr. Moxon
Gibb, Field, French, Blackburn - - - -	Dr. Fagge
Reid, Bingham - - -	Dr. Pye Smith

Clin. Ward Clerks—
Stericker, Pinching, Dalton, Clare, C. B. Elliot, Wigan, F. J. S. Smith, Rigby, T. C. Jones, Booth, Lees, Crespin, Hetley, Barnard, Lewis, Saunders, Nunez - -

Aural Surgeon's Dressers—
Ransford, Simmonds - -

Ass. Surgeon's Dressers—

D. C. Morgan, May, Hooper, Tyson, Harsant, Foster, Davies, Crouch - - -	Mr. Howse
Rudd, H. Clarke, H. M. *Smith*, *Keyworth*, *Griffiths*, Metcalfe, H. P. Taylor -	Mr. Colley

Dressers in Surgery—
Wilcocks, Rendall, Forty, Dring, Hood, Churchward, Mason, Hind, Winckworth, Duran, Crowther, D. T. Evans, Morton, H. Evans, Wilding, Sangster, T. C. Jones - - - -

Post Mortem Clerks—
Hawton, Carey, Wilkins, Bevers, Sweetland, Day -

Surg. Ward Clerks—
Jennings, Kavanagh, A. H. Jones, W. N. Jones, Powell, H. Duke, Caddy, Ockendon, Brammitt, Giblin, Paley, Pritchard, D. T. Evans, Morris, Richards, Barlow, Manwaring, Walbourne -

Obst. Out-patients—
F. J. S. Smith, Guard,
Barnard, Palmer - -

Dental Surg. Dressers—
Field, French, Bevers, Burton

Ass. Surg. Clerks—
Greene, Snook, Pritchard -

(Signed) J. C. STEELE, Superintendent.

Gynæcological Classes,

24, St. George's Street,
Hanover Square, W.

Gentlemen who, in their fourth year, are desirous of joining the Ward Classes, are requested to communicate by letter with Dr. J. Braxton Hicks, at the above direction.

The appointment is made for 1 month.
Gentlemen can select the most convenient month to themselves at the time of application.

(Signed) J. C. STEELE,
Superintendent.

24, George Street,
Hanover Square, W.

Obstetrical Operations.

Dr. J. Braxton Hicks will give Practical Demonstrations in above-named subjects during the Winter Session. Gentlemen who, in their fourth year, are desirous of joining are requested to communicate with Dr. Hicks by letter at the above direction, specifying the month most convenient to them.

(Signed) J. C. S.

A Photograph of Residents will be taken at 11 a.m., on Thursday, October 3rd.

Gentlemen able to attend will oblige by giving names to

J. D. HARRIS,
Junr. in Charity.

Sept. 17.

GENERAL NEWS.

Up to 4 p.m. on Monday 41 new students had entered their names on the books of the Hospital.

There will be no operations on Tuesday, the 1st. Mr. Bryant will probably amputate through the thigh on Wednesday, the 2nd.

Physical Society.—We strongly advise all Students to lose no time in giving their names and subscriptions to one of the Presidents.

MEDICAL BOOKS.

E. J. STONEHAM, NEW & SECOND-HAND BOOKSELLER,
14, BOROUGH HIGH STREET,
(A few doors from London Bridge.)

NEW BOOKS
(MEDICAL AND GENERAL)
SUPPLIED AT A DISCOUNT OF
3*d.* IN THE SHILLING.

Books Bought or Exchanged, in Town or Country for immediate Cash.

WE, the Editorial Committee, being at present a self-constituted body, are anxious to throw our work into the hands of a Representative Committee to be elected by the Students.

Gentlemen, of any year, who are willing to take upon themselves the duties of a Member of this Committee are requested to communicate with us before 3 p.m. on Friday, October the 4th, 1872.

The time, place, and manner of the Election will be given in our next number.

Gentlemen who are willing to write articles on subjects connected with the Hospital, or to undertake the duties of special reporters, are requested to communicate with us at once.

Gentlemen having cases of peculiar interest under their care are requested to send us either an abstract of the report or the ward and number of bed.

Gentlemen having any interesting matter in their note books, will greatly oblige by sending us a copy of the same.

GUY'S AND ST. THOMAS'S HOSPITALS.

CAUTION.

J. MILLIKIN, Surgical Instrument Maker to the above Institutions begs to announce that he has NO CONNEXION whatever with Nos. 7, Southwark Street, and 12, Palace Road, and that all communications intended for him must, in order to insure prompt attention, be addressed to

3, ST. THOMAS'S STREET, BOROUGH,

where he is now conducting his business of Manufacturer of every description of Surgical Instrument and Appliance, Artificial Legs, Arms, and Hands, Trusses, Bandages for Prolapsus Ani, Uteri, Pendulous Abdomen, Moulded Leather Splints, Spinal and Orthopædic Apparatus, &c., Dissecting Pocket, Amputating, and Minor Operating Cases.

If Gentlemen, who are at present Guy's Students, have any articles of a professional character to dispose of they may advertise the same in this column at the price of 6d. for an advertisement not exceeding 20 words.

A limited number of advertisements by persons who are not students, may be inserted at the following prices :—

Twenty Words and under -	0	2	6
One-eighth of a Page - -	0	5	0
Quarter of a Page - -	0	9	0
Half of a Page - - -	0	17	0

Special arrangements may be made for a series of insertions.

All communications for insertion must be written on one side of the paper only, with a space in the left hand margin, and addressed to us, at the Porter's Lodge, Guy's Hospital.

We reserve the right of omitting any communication that may be received by us.

Printed for the Proprietors by ORLANDO GIBBS BRIMMER, of 104, Borough High Street, Southwark, Surrey.—Tuesday, October 1, 1872.

CONFINED TO BED

A Clinical Lecture delivered in Guy's Hospital Medical School on 7th November, 1952

By CHARLES BAKER, O.B.E., M.D., F.R.C.P.

REST, either for an injured part or for a diseased whole, is an absolute in treatment. I hope that nothing I say today will make you forget that. Bed is the usual and convenient place where we take our intermittent and physiological rest as sleep. It is not surprising, therefore, that the logical combination of " bed-rest " is established as an essential of local and general treatment. It is good from time to time to review the most established practices and I hope today to provoke you to some thought about the use and abuse of what is often too literally the bed-rock of treatment. Too much emphasis is laid on the bed as a rigid piece of domestic or hospital furniture, not only to the medical but to the administrative mind. During the War, one observed the Staff mind thinking too strictly of hospitals as 200, 600 or 1,200 bedded units with a fixed tonnage of heavy equipment, rather than as a collection of trained and potentially mobile persons capable of treating sick and wounded with the bare minimum of tools ; in consequence those hospitals which happened to be in the right place had to treat, and did treat efficiently, numbers far beyond their complement of beds. Now, in peace, the lay mind too readily assesses the worth of a hospital by the number of beds, rather than the number of patients who successively fill them, the skill of those who look after them, and what benefit the patients derive from them. This last point, how the patient may best use his bed, is my theme today.

Practical Advantages of Bed

Confinement to bed has great assets as a means of enforcing rest. It is an effective yet comfortable prison. Many a drudging housewife, over-worked man of business, or fretted member of the professions, would be better for a few weeks' imprisonment each year. They would be forcefully removed from stresses which by circumstance or temperament are not banished from their annual holiday. If such a one gets ill, the opportunity to incarcerate him in bed should not be missed ; without this, other treatment will be handicapped and often it is all that is needed. Once this decision is made on these good grounds, do not allow the pleas that " it will kill me " or that " he will go mad " to revoke your judgment. Bed is a habit, and the strongest of these protestors can become an habitué. There may be restlessness for a few days but then complacency arrives, in the second week laziness sets in, and later the difficulty may well be to get the patient moving again. Bed, preferably away from home, is the only way to keep the woman from her household worries, the mother from the demands of her children, or the business man from his busyness. To get the most benefit from rest in bed the patient may need protection from tiring visitors or that over-privileged class, the relations. Remember also the danger of the telephone, even it if is only supposed to communicate with the married daughter or the bookmaker.

Bed is the only way to rest a child and even there rest may be a relative term. For this reason children are often nursed flat, without any pillows, to ensure as little movement as possible. It is a practical and not a strictly therapeutic measure which has point only as long as complete rest is indicated, for it is unkind as well as practical.

In the home the doctor can use bed-rest entirely for the benefit of the patient, and the time spent in and out of bed will be a measure of degree of illness and improvement which both patient and family can understand. In hospital, the practical convenience of bed is apt to over-ride the patient's welfare. " Bed-patients " are tidier and less nuisance than " up-patients " ; they don't get lost, are always ready for examination and for treatment, which yearly becomes more exacting ; the tiresome patients are less infective and irritating to their fellows ; they ask less questions ; in fact, they are better disciplined. One sympathises with the over-worked nursing profession if they prefer patients in bed, for it is easier to be a car-park attendant than a policeman on point duty. In the wards where our first impressions of treatment are formed we must realise that the proportion of time patients spend in bed is more than strict medical necessity demands, and that we see little of the graded reactivity of convalescence.

Disadvantages of Bed

Immobility in bed, particularly if prolonged, has also definite disadvantages which must be weighed against the benefit gained by the patient. The muscles lose their tone and muscular co-ordination is impaired ; the joints stiffen, and in an enfeebled patient, particularly if the joints themselves are diseased, postural deformities may result ; thin patients get pain over the points of pressure and the old and poorly nourished skin may break down and form the dreaded " bed-sore ". The lungs, particularly the bases, are not fully aerated, and hypostatic pneumonia, though less dangerous since the use of antibiotics, can still occur in the very ill, and be missed. The reflex adjustments of the heart and circulation becomes sluggish with disuse, as is commonly experienced in the transient " effort syndrome " of convalescence. The slowed peripheral circulation predisposes to venous thrombosis with the danger of secondary pulmonary embolism. Stasis in the urinary and alimentary tracts predispose to stone formation and constipation respectively, and the combination of both to urinary infection. This catalogue of horrors is no danger to the young and otherwise healthy who adjust themselves both to prolonged immobility and to increased activity when they are released from bed. In the old and those weakened by general disease, these adverse effects are real dangers which call for medical vigilance and particularly for skilled, careful and individual nursing, which is not always available. After a long period in bed, the physically or mentally feeble and the aged may never fully readjust themselves.

The diminished mental stimulation induced by complete restriction to bed should be appreciated. The radio, and now television, are helpful particularly in those with less active minds as well as bodies. There are, however, patients whose morale would greatly improve if they were allowed even to get up and look out of the window. The bed-ridden become increasingly self-centred, egotistical, lazy and intolerant, though this is less likely to occur in the community life of

hospital than in the home. By far the worst feature, however, of prolonged bed-rest may be the absence of hope and loss of any personal independence, which was most clearly seen in the wards of chronic institutions, in which so often the bitterness of filial neglect was an added burden. The greatest success of the geriatricians has been to get their patients out of bed and moving.

Venous Thrombosis and Pulmonary Embolism

The danger of severe or fatal pulmonary embolism following unsuspected venous thrombosis is now well recognised. At one time pulmonary embolism was a recognised hazard after operations or childbirth and killed essentially healthy people. The surgeons and obstetricians then insisted on early mobility of their patients and this complication is now far less common. The physicians are handicapped in this respect for they have a higher proportion of patients with general disease and those with infections, slowed circulations, and vulnerable congested lungs, which predispose them to thrombo-embolic attacks. Though it is often impossible to get sick patients out of bed so quickly as post-operative cases, the same lesson has been learnt and there is far more movement in the medical wards than when I was a student. Dr. Baylis has kindly looked through the post-mortem records at Guy's for 1951 and finds that in a total of 293 examinations there were 7 with pulmonary embolism from deep vein thromboses, of which 3 were post-operative and 1 post-partum. It is not possible to compare these figures with a year in the earlier, bed-ridden era as the veins were not then examined routinely, but I would think that this is a marked improvement. During this year many cases of venous thrombosis were treated in the wards with anti-coagulants and this may have saved some from appearing in these figures. It is important, however, to realise that it is phlebitis with its local symptoms which is diagnosed and treated and here the clot is less likely to be detached, whereas spontaneous thrombosis often gives no local symptoms, and is unsuspected until detachment of the clot, with pulmonary embolism, occurs. Dr. Baylis tells me that in a series of autopsies which he did in a hospital where there were chronic wards the incidence of deep vein thromboses was much higher than in the more acute and therefore more mobile cases seen at Guy's.

It should be realised that it is not merely being in bed that slows the circulation in leg veins and so predisposes to thrombosis, but immobility in bed. The rate is in fact faster in the horizontal than in the dependent position. Using radioactive sodium to measure venous velocity in the leg veins, Drs. H. Payling Wright and S. B. Osborne have shown that the rate is not slowed when normal people are kept in bed. After surgical operations, however, the rate decreased in normal people dependent on the length of time they were kept in bed, and persisted until they got up. It would seem, therefore, that it was the immobility, induced by pain and discomfort, which was responsible for the slow rate. They emphasised this nicely by showing that the venous velocity was slower in the paralysed limbs of hemiplegics than the mobile unaffected opposite limbs which acted as perfect controls. In addition they showed that the venous flow increased by very slight movements of the feet. The lesson from this is that if our patients must remain in bed, they should be encouraged to move their feet, for

it is in the distal veins that thrombosis first occurs. No physiotherapist is needed and the simplest movements will suffice, such as scratching the toes of one foot with the other, as in epidermophytosis. This instruction does not, however, absolve us from examining the legs for painful spots, localised œdema, or localised pain on movement. Early thrombosis can easily be missed if we only look at the exposed end of the patient or are too chary of disturbing the tidiness of the lower end of the bed. An active diaphragm is also important in maintaining a good venous circulation. The importance of this was recognised by the surgeons in the higher incidence of pulmonary emboli after abdominal operations where painful breathing made for a still diaphragm as well as still legs ; they discarded tight binders and instituted breathing exercises.

Bed Rest in Heart Disease

Nowhere is the principle of rest more important than in treating the diseased or failing heart, but rest is not necessarily only, or best, obtained by strict confinement to bed. We know that the cardiac output is greater by as much as a third when lying than when erect. The normal heart rapidly adjusts itself to the change to recumbency and has less work to do in sleep, but this is not so in the failing or failed heart. It has been shown that in patients in heart failure kept lying down there is an increase in blood volume and venous pressure and a decrease in vital capacity. It is true that the increase in cardiac output is much less and the embarrassment is diminished when the patient is propped up in bed with legs extended. This would be all right if the cardiac patient stayed in this position but it is not easy to maintain and he often finds it insecure and tiring. Let us not forget that the most comfortable way of resting or sleeping with the body upright is in a high-backed chair.

Left sided heart failure is common because the common types of heart disease—valvular, coronary and hypertensive heart disease—affect the left heart. The symptom of left-sided failure, either chronic or in acute episodes, is dyspnœa due to pulmonary congestion. What do those with left-sided heart failure do, guided or urged by nature ? The chronic sufferer learns that he must prop himself up with extra pillows to sleep in comfort. In acute left-sided failure, with cardiac asthma and pulmonary œdema, he sits up in bed ; if this is not enough he puts his legs over the side, thus diminishing the venous return to the right heart which is pumping blood into the already congested and œdematous lungs ; in the severest attack he gets out of bed and stands up, and when relief comes often finishes the night sleeping in a chair. What unquestioning faith they have in us when we insist on treating their complaint by not letting them get out of bed at all ! We are, of course, helping them by resting them in the day as well as the night, and digitalis, diuretics and low sodium diet are also on our side. Nevertheless we should realise that it is often good practice to recommend sleeping in a chair, particularly at the beginning of their period of treatment and to allow them out of bed provided that they rest. It would emphasise also that the best way to treat the acute emergency of pulmonary œdema is in a firm chair.

Right-sided failure, with congested neck veins, enlarged tender liver and generalised œdema has usually been preceeded by left-sided

failure. Pure right-sided heart failure *de novo* is not common, so that generally the lungs are congested and œdematous as well. It is in fact the lung congestion which is most dangerous and distressing and it is safer and more comfortable to have fluid in the legs than the lungs. Allowing the fluid to gravitate to the legs will, therefore, relieve the patient's dyspnœa during the period that the fluid is being removed by digitalis and the mercurial diuretics. Periods of sitting in a chair are, therefore, helpful in dealing with right-sided failure, for it is less tiring to the patient than remaining propped up in bed, and far better than the more usual procedure where he alternately slumps down and is hauled up on to his pillows. In intractable cardiac œdema postural drainage with Southey's tubes is still good treatment, especially since the danger of skin infection can now be minimised with penicillin. The cardiac bed does, of course, provide the best position without movement, but it is cumbersome and not readily obtained, and there are very few cases who cannot sit out of their ordinary bed. The slowed venous circulation in congestive failure favours spontaneous clotting in the leg veins and while this may occur with the patient ambulant and even at work, it is much more likely to occur if he is rigidly restricted to bed. The few steps to and from the chair and a daily visit to the toilet give the heart little extra work, lessen the danger of pulmonary infarction, and pay a rich dividend in improving the patient's outlook. Unless there is a definite reason against it, I like my heart failure patients to sit out of bed at least once a day.

With coronary infarction the problem is more difficult. We know that a large infarct takes about eight weeks to heal and a small one about four weeks, hence the accepted practice of six weeks in bed. It is obvious that during the period of healing the heart should be given no extra work to do, but this does not necessarily mean that all the healing time should be spent in bed. The length of rest should be decided by the severity of the individual attack: estimated by the size of the infarct as judged by the electrocardiograph, but, more important, by temperature rise, leucocytosis and raised sedimentation rate ; by the degree of initial shock and the length of the initial pain ; by the presence or degree of heart failure ; and by the general state of the patient. All these points should be taken into account and in the mild attack the duration of rest may be shortened to four weeks, while in others the whole six weeks or longer is necessary. Is it essential to spend all this period of rest strictly in bed ? This is one of the first questions the patient asks. It is clearly essential in the initial period of shock when the patient may well be best treated recumbent or even with the foot of the bed raised. After this, is it not unreasonable to allow the use of a commode in the bedroom, for it has been well shown that this causes less effort and less strain on the heart than struggling uncomfortably on a bed-pan. I allow my patients to be helped out of bed for defæcation or even to take the few steps to an adjacent lavatory, from the early stages, and I have not had reason to regret this. There is, of course, the fear in our minds of fatal rupture of an infarct which may occur in the first two weeks, but I do not know of any case where this could be ascribed to such minor efforts as I have suggested. Nor do I think that the danger of thrombo-embolic complications is increased ; on the contrary the slight movement allowed will diminish the tendency to venous thrombosis and

pulmonary infarction which cause a good proportion of these. One also sees the anomaly of the patient with coronary infarction where movement is strictly limited but food in unlimited ; the heart is being saved extra work by complete muscular rest but given extra and unnecessary work in digestion and metabolism. These patients would be better if they moved more and ate less. One must also remember that a still patient is not necessarily in a basal condition if he is increasing his cardiac demands by fretting or by fear, both of which may be encouraged by strict confinement to bed. Age should also encourage leniency, for old people do not tolerate long periods in bed at all well, and they have less time left to them to spend out of bed. If, therefore we hold on sensibly to the principle of rest in treating cardiac infarction we need not hold our patients quite so tightly to bed. It is worth noting that such an experienced, respected and wise clinician as Dr. Samuel Levine of Boston has recently treated a series of patients with cardiac infarctions throughout their illnesses using the chair instead of the bed, with good results and with no increase in mortality. A practical difficulty is, of course, that the patients and relatives feel that the danger of further attacks and sudden death will be increased by the slightest movement. If, however, it is pointed out that the majority of coronary thromboses actually occur at rest and often in bed, and that the reason for rest is to allow the heart to deal with what *has* happened rather than what *might* happen, they will almost always welcome the slight increase of liberty.

In all diseases, but particularly in heart disease, and above all in the dreaded coronary artery disease, the public feel that death in bed is inevitable while death out of bed is avoidable. Though we know that this is not always true, and that bed may hasten rather than avert death, it would be the height of stupidity to disregard this feeling and it must to lesser or greater degree influence our handling of each individual case. Admittedly, death in bed is not only conventional but convenient.

Bed in Other Diseases

I have only time briefly to touch on the use of bed in other miscellaneous conditions. The effectiveness of antibiotics in treating acute infections does not lessen the need for adequate rest in bed ; the patients will try to persuade us that they can carry on but they should not be allowed to leave their beds until the temperature has firmly settled. There is need for greater firmness in insisting on bed in the severe common colds, the coryzas, and in influenza where antibiotics are not specific remedies ; these are not " shaken off " by " carrying on " as the patient hopes. Not only is his illness shortened but he is less able to infect others. Let us not forget also that there is good evidence that rest will lessen the danger of paralysis in poliomyelitis, so that if we have done that in a suspected case, we have done a great deal. In chronic infections, of which tuberculosis is the foremost, rest in bed is an essential part of treatment.

In acute nephritis, the patient should be in bed until the urine and blood pressure have become consistently normal and all œdema has gone, or until we have come to the regrettable conclusion that chronic nephritis is firmly established, and no more is to be gained.

Too many patients with active rheumatoid arthritis are treated ambulant, largely for economic reasons. It is, however, our duty to point out to the patient that it is a general disease and that local treat-

ment alone is not sufficient, also that bed may well be a saving of time in the long run. Even in the most active case the affected joints should be put through their daily range of movement and the patient should be out of bed for toilet purposes once a day. In the chronic cases where activity has subsided and deformed joints are alone left, increased activity is needed and they may need to be dragged from their beds.

In a recent review of the treatment of peptic ulcer it was suggested that the effectiveness of rest in bed needed to be proved. I would think rather that it was up to the critic of such a sound general principle to prove *his* case, for no less critical observers are convinced that ulcers heal quicker with physical rest, provided that mental rest is also not forgotten. The very quick change in the patients' outlook and facial expression, quite apart from the relief of pain, when they are put to bed, is more than a vague clinical impression.

In rheumatic fever, there should be no fixed span of bed rest. The parents should be told that the heart must be rested until all signs of activity have gone and that this period may be short or long. Nothing is gained in prolonging bed rest after the temperature, sleeping pulse rate, and sedimentation rate have settled and the patient has regained appetite, energy and the capacity to gain weight. It is not uncommon to see the child who has grown fat from too long in bed, and whose symptoms of lack of condition are wrongly ascribed to heart disease which is in fact absent. It is not uncommon to meet patients who have been kept in bed for years from fear of rheumatic heart disease rather than for treatment of rheumatic activity. (Since this lecture was given we saw in out-patients a mother of three children who had also trained as a nurse and served with the invasion forces on the continent in 1945 ; she had no rheumatic heart disease but had spent three years completely in bed, until the doctor died of a sudden heart attack.) A patient who has had rheumatic fever, or where rheumatic activity is suspected on general grounds, should be put to bed at once if there is the slightest sore throat or upper respiratory tract infection, given antibiotics and kept there till the infection is over. The danger of heart disease should be lessened more by this intermittent care and strictness rather than general and prolonged restriction of normal activity, development and education.

To sum up, I would like to suggest to you that bed is a safe place for the young and potentially healthy, and dangerous for the old and feeble ; that there are very few days of any illness when the patient cannot be allowed to get out for a daily wash and defæcation ; that confinement to bed should be for definite medical reasons and not from mere convention ; and that the principle of rest can be obtained beside the bed as well as in the bed.

MY HERO

When I was quite a little girl,
I had a secret lover.
That he could set my head awhirl,
I did quite soon discover.

I met him several times each year,
That man I so admired,
But now what shall I do ! Oh dear !
My dentist has retired !

W. A. H.

CHRISTMAS AT GUY'S

IT is impossible to do journalistic justice to Christmas at Guy's simply because your roving representative cannot be in all the places he would like to visit at the same time ; so this is an impression of *some* of the features of the festivities which were—as usual—comprehensive and completely contagious !

The festivities were completely contagious—a scene in Victoria Ward

Preparations had been made for weeks, and all sorts of odd corners were seen to be filled with strange devices, drawings and apparatus, and by the time Christmas Eve arrived the whole Hospital had put on an air of gaiety.

Flanking the main entrance were trees spangled with coloured lights, skilfully decorated by the Porters in the Front Lodge with cotton wool " snow ", and these provided a fitting apéritif to a tour of the wards. In *Sarah Swift* one entered a Carnival setting where among gay decorations coloured masks leered provocatively under the rich festoons. It was a mere step from there into Petticoat Lane cunningly disguised as *Dorcas* ward, where one could buy anything from betting slips to frying pans and where " Marin's Mighty Medicine " bid fair to a claim as a universal panacæa.

Astley Cooper posed as an Indian encampment where the big chief (" he smoke pipe with lid on ") was considered to bear more than a passing resemblance to the houseman. Opposite, in *Queen*, we in the Borough paid homage again to " our " Dickens for here the theme was the " Christmas Carol ". Of *Christopher's* Circus and of the Christmas scenes in that ward Mr. Hargood tells elsewhere in this issue ; but what a remarkable acrobat ! He was made to run down his tight rope innumerable times under the brightly coloured Big Top

Perhaps the greatest feature in *Luke* was the vigorous Scottish dancing on Christmas Day which, to the accompaniment of bagpipes, provided hours of enjoyment to many visitors and patients crowding the gay scene. The Old Curiosity Shop in whose fastnesses we recognised *Pat and Sam*, was guarded by a suit of armour which invited percussion from many a passer-by. Its resonant note was challenged by the clang of a three-tone cow bell—another feature of this vociferous, elevated emporium. Opposite, the operating theatres were, in turn, revealed as a library !

By *Job* ! Here was " The George " complete with old-world entrance and friendly pub atmosphere of red brick fireplace, hunting horns and polished brass of every kind !

In *Lydia* we found strings of enticing fruits and a creditable atmosphere of Covent Garden where—as Miss Brenda Cresswell tells us on page 20—even the patients were priced at so much per pound ! There was a simply magnificent " Eye Circus " in *Ruth and Barnabas* ! Entering *Addison* we received a warm welcome to the chilly North Pole—" icicles " fringed the beds and Polar bears were cooly disporting themselves by an igloo. What shall we say of *Victoria* Station? Dare one suggest that the gay posters of foreign resorts, of luxurious expresses and grotesque trains reminded one of a travail agency ? Or of Cook's tours ? (My Goodness, My Gibberd !) It was in such a setting that, on Christmas Day, the pupil midwives delighted patients and visitors with a Pantomime, " Babes in the Ward ". The babes, though lost in the fog at Victoria Station, were lucky enough to discover two precious bottles of Blaikley's Beer in a sock and were then stimulated to join in such gay songs as :— " Riding down to Southwark on a milk express." " Leaning on a bedpost at the corner of the ward as a certain little dresser goes by (oh me, oh my !). " " Clang, clang, clang, went the trolley " and " They say that having a babe is wonderful."

And so to " Disneyland " and " London Shows " of *Bright* and *Wilks*—theatreland in a hundred posters : to the Zoo in *Caleb and Diplock* : to Winter Sports in *Mary* : to gay *William Gull* and out into the Park where from the windows of *Nuffield House* glowed the little lights of Christmas trees on the landings. *York Clinic* was transformed with colour and held a dance on Christmas Day, while the *Out-Patient Hall* fairly burst itself with brilliant lights, trees and decorations for the annual Landon Children's Tea on Christmas Eve.

Of Christmas food there was abundance and the " dinner " was a triumph for the various chefs and their staff. Each ward, too, had a Christmas cake ; and a seemingly unending supply of good things to eat and drink for every meal almost defeated the undoubted prowess of many a patient ! Christmas, 1952, will, we imagine, be eclipsed only by Christmas, 1953 !

Cakes on Parade

PATIENTS' CHRISTMAS COMPETITION

WE received some interesting accounts of Christmas Day in the wards as a result of the competition for patients which we mentioned in our last issue. The two prizes of one guinea each have been awarded as follows :—

Women Patients : Miss Brenda Cresswell (Lydia).

Men Patients : Mr. Alfred Hargood (Christopher).

Highly commended :

Mr. Sharaji Lal (John). Mrs. Edith Clew (Mary).

Other entries were received from :—

Mrs. Mary Brooker (Bright), Mrs. Irene Norris (Victoria), Miss Thèrése Higgins (York Clinic), Mr. E. W. Cook and Mr. A. E. Chamberlain (Job), and Mr. J. E. Wells (Barnabas).

We should like to thank all these patients for their graphic and entertaining descriptions of the festivities, and heartily congratulate the prize winners. Their entries are published below.

By ALFRED HARGOOD
Christopher Ward

Christmas Day in *Christopher* ward was a joyous experience. Our festival began some days before, when students descended on our ward with much paper and string. With the help of these mundane materials the scene was soon transformed to a CIRCUS. Yes, there was a huge marquee, which housed animals, clowns and realistic trapeze artists, and a giant—such a giant ! —only his three-yard long legs could be seen in our big top ! Of course, we had a Christmas tree and holly and mistletoe, and an area given over to large snowflakes, but the CIRCUS was the thing.

Our day started soon after five a.m. when we were wakened, not by one nurse, but fifty—yes, fifty Red Riding Hoods sweetly singing a seasonal song : " Christians, awake, salute the happy morn . . . "—not " Mr. Jones " or " Number Seven "—Christians. How could we be other than joyous and glad ? The scarlet carollers depart and breakfast begins. But wait, what is this in the metal cage at the foot of each bed ? Shades of my childhood, each patient has a muslin sock filled with gifts—a writing pad, a pocket wallet, a box of small cigars and toilet requisites !

Breakfast is cleared and the mundane duties like temperatures, bottles, dressings, take place. And then—THE BIG PROCESSION begins. *Christopher* CIRCUS is already famous, and there is a constant flow of sisters, nurses, doctors and dressers to view the wonders of the big top. Good news travels, and soon we had many of the hospital's administrators, plus an assortment of cooks, porters, plumbers and engineers. Some nurses returned with patients, and those too sick to walk came to see in wheel-chairs and trolleys, and exchanged more Christmas greetings than ever before, and this motley procession lasted until lunch time—A Christmas dinner with all the seasonal trimmings and, wonder of wonders, a bottle of beer !

Our nursing staff had their lunch and then it was time for Her Majesty's broadcast. Sister and nurses stand rigid to the strains of our National Anthem. Then all male patients relax with the thought that they have no seasonal chores. The afternoon passes in pleasant quietude, although we still have a trail of tourists, and after a Christmas tea we enjoyed merry music and songs with the help of a versatile accordianist. Carols in the Circus, carols in the next ward and on the radio and out in the streets ! This was a more Christian Christmas than many of us would enjoy in our homes. And so to bed. Most patients in *Christopher* ward enjoyed a sleep that " passeth all understanding ". They had felt that the spirit of Christ's birth anniversary had imbued them with the essence of peace and goodwill. For myself, I recaptured the spirit of Christmas for the first time since my youth. My greatest impression of it all is the splendid service and unselfishness of sister and the nurses of *Christopher* ward. One note of irony : The first Christmas visitor to our ward came in the wee small hours, and it wasn't Father Christmas —A man named Carroll came for an emergency operation ! I shall long remember with gratitude my Christmas Day in Guy's Hospital, in *Christopher* ward.

By BRENDA CRESSWELL
Lydia Ward

" Covent Garden " was the theme of our ward this Christmas. I was worth 1*s.* 3*d.* per pound. Not very expensive, some people may think, but as I weigh over 16 stone I think I must be of rather good quality ! Other patients were priced at as low as 2½*d.* each ! The fruit and vegetables were strung between the beds on Tuesday, December 23rd, with the able assistance of a few dressers who swayed precariously on the tops of ladders, and hung on to the electric cables by one finger.

There was no need for the patients to be wakened up at " the unearthly hour " because all were so excited about whether they had received a visit from Father Christmas. Special diets were abolished for the day and so many of us (who could not otherwise) partook of the ham and whatever else there was for breakfast. After breakfast—and even before in some cases—the stockings were opened—soap, combs, bath cubes, handkerchiefs, etc., all were most welcome. Of course we were all washed and looking very tidy when the day staff came on duty, after their beautiful rendering of carols. At 9 o'clock coffee was served. Even I was allowed to have it made with milk, and on a 200 calorie diet at that ! The chocolate biscuit was a treat too. Nothing much happened during the morning except for a little community singing by the patients. About an hour before dinner was served the nurses started decorating the tables—holly, evergreen, candles and crackers.

At 12 o'clock dinner was served. Diets really went haywire ! Baked potatoes, sausages, turkey, sprouts, Christmas pudding (oh, I hang my head in shame). Beer for those who wanted it. Not me. I had cider ! After the patients' dinner came the staff's dinner. What a rumpus ! I couldn't see them so I can't tell you what was happening, but I can assure you that they were having a fine time. During the afternoon many queer characters came through the ward ; clowns, and even a " bear ". *Luke*, the ward directly above us had some Scottish dancers performing. It was lovely to watch, but oh, if only some of them had been in *Lydia* Ward and could have heard the thunderous noises ! ! Only a few patients had to have their tea in bed, but we were well rewarded with the lovely trifles and sandwich rolls. After tea we had another session of community singing in which everyone joined. Every patient got back into bed for supper, and I think they were glad to ! Nearly everyone was fast asleep about 8 o'clock, very unusual for this ward ! I should think all of the patients went to sleep contented. If they didn't, well, it was through no fault of the hospital staff who must have gone to a lot of trouble to make this such a happy Christmas. Thank you, very much, everyone who helped to make it so !

CORRESPONDENCE

Letters to the Editor of the Gazette

" George " Broadway

From Professor James Whillis

SIR,—Broadway, who has just completed thirty years' service in the Anatomy Department is due to retire very soon.

It is proposed to give him a present to mark the appreciation of all for the work he has done in this long association with the School. Many who have known him and received his help will, no doubt, wish to make a contribution which should be sent to me in the Anatomy Department.

Yours, etc.,

J. WHILLIS.

Physiology for Dental Students

From Professor G. A. D. Haslewood

SIR,—I would like to express my indignation and disappointment at the review of 27th December of D. J. Anderson's new book " Physiology for Dental Students ". I have rarely read a more unfair and generally cantankerous review. Those who know Anderson know him as a gifted and patient teacher and know, too, that he has taken endless trouble in writing an account of physiology which his wide experience tells him is likely to appeal to and be understood by dental students. It is by this simple criterion that his book must be judged, and I submit that this point of view, although expressed, is not understood by your reviewer. Whether Anderson's work will, in practice, fill the need which it has been written to meet is a matter of opinion now and of experiment presently. I, for one, have little doubt about the outcome and would confidently recommend the book not only to dental students but to anyone desiring a lucid, strikingly well illustrated and simple introduction to physiology.

Yours, etc.,

G. HASLEWOOD.

Black Limelight

SIR,—I am pleased to inform you that our production of *Black Limelight* in December showed a profit of £49 8*s.* 7*d.* and that a cheque for £50 has lately been sent to the King George VI National Memorial Fund.

On behalf of the members of the Club I should like to express our thanks to all our supporters whose generosity has made this contribution possible.

Yours, etc.,

PETER F. STEBBING,
Chairman, Guy's Theatre Club.

SPORT

ASSOCIATION FOOTBALL

Southern Amateur League
Division III. Senior Section

Guy's 1st XI *v.* Ibis 1st XI

At H.O.P. Result : Draw 3—3
13th December, 1952

Guy's were at home to an Ibis XI that had collected five points out of the last six and after trailing behind for the majority of the game by the odd goal were able to equalise matters in the last five minutes.

Ibis quickly opened their account after the Hospital's left back had tackled the opposing centre-forward only to see the ball bounce off his foot on to his wrong side to give his opponent a first-class scoring opportunity from which he made no mistake.

After this reverse the Hospital's forwards retaliated and after a shot, following a corner, had been blocked Cornhill raced in to place the ball well out of the goalkeeper's reach. Fearn, playing at centre-forward, nodded a corner on to the crossbar and then G. Lee narrowly missed on two occasions.

Wylie and Matthews, playing strong attacking games from the wing-half positions kept the Guy's line well supplied but the Ibis defence weathered the storm and as so often happens, the defence was taken by surprise in a quick attack by the Ibis forwards and half-time came with the score 2–1 in Ibis's favour.

On the resumption Guy's took up the attack and Brill scored a beautiful goal with a left-foot shot from a cross by Cornhill.

However this equality was not to last. The Hospital right-back was rounded by a fast-moving left-wing and he made no mistake. 3–2 down.

Wylie became even more prominent and plied the left-wing with excellent balls and from these attacks G. Lee missed the upright by two feet on three occasions, and in another attack the ball was running loose and the Hospital's inside-left was prevented from taking advantage of an excellent chance by an opponent sitting on his legs after a previous tackle.

In desperate efforts to get the equaliser Lipington, who had played excellently at centre-half, brought a ball through, passed to Matthews who worked it passed two defenders, slipped it to Fearn who flicked it accurately past a prostrate goalkeeper into the corner of the net. The end came with honours even and without doubt fairly so.

Southern Amateur League
Division III. Reserve Section

Guy's 2nd XI *v.* Ibis 2nd XI

Away. Result : Lost 1—8
13th December, 1952

Guy's 2nd XI *v.* West Wickham 2nd XI

Away. Result : Lost 0—1
20th December, 1952

Friendly Match

Guy's 1st XI *v.* Bank of England 1st XI

Away. Result : Lost 2—3
20th December, 1952

The highlight of the soccer results over the holiday has been the prolific scoring of the 2nd XI.

On December 27th the 2nd XI journeyed to Mitcham to oppose Old Westminster Citizens' 2nd XI, at that time sitting on top of the third division with an unbeaten league record. Play commenced in thick fog but as both goals were just visible from the centre line football was possible.

The Citizens scored first when their centre-forward beat the centre-half, and his shot entered the net off an upright with Fraser in goal helpless to intervene. However, the Hospital found their men better in the gloom and half-time came with the score 3–1. In the second half the fog lifted slightly and play became easier to follow. After fifteen minutes Oldfield scored direct with a free kick from just outside the penalty area. Soon after another goal was added and the end came with the hospital well in command.

On New Year's Eve the 1st XI tackled Winchmore Hill in a friendly, but were always trailing in the score. However, from a half-time score of 4–1 down they fought back to make it 4–3.

On January 3rd the Bank of England 2nd XI were entertained at Honor Oak Park. The Bank side scored the first two goals, and then in a matter of ten minutes the Hospital replied with four. Immediately before the interval the Bank of England scored a third goal.

In the second half the Hospital, by faster play and keen tackling, began to get right on top but were unable to convert this superiority into goals.

However, after about 20 minutes the visitors' left-winger was carried off with a suspected fracture of the leg. This ill-luck coupled with the Hospital's speedier play quickly told and the Hospital ran out easy winners.

Results :

Southern Amateur League

Division III. Reserve Section

Guy's 2nd XI *v.* **Old Westminster Citizens' 2nd XI**

Away. Result : Won 5—1
27th December, 1952

Guy's 2nd XI *v.* **Bank of England 2nd XI**

At H.O.P. Result : Won 9—3
3rd January, 1953

Friendly Matches

Guy's 1st XI *v.* **Winchmore Hill 1st XI**

Away. Result : Lost 3—4
31st December, 1952

Guy's 3rd XI *v.* **Broomfield 2nd XI**

Away. Result : Lost 1—5
3rd January, 1953

LADIES' HOCKEY

Inter-Hospitals' Tournament

Second Round

Guy's W.H.C. *v.* **Middlesex W.H.C.**
At H.O.P. Result : Won 5—0

Guy's W.H.C. *v.* **King's College W.H.C.**
Result : Draw 3—3

HOSPITAL INFORMATION

STUDENT CHRISTIAN MOVEMENT

The S.C.M. will be holding a series of meetings on THURSDAYS at 5 p.m. (place to be announced later) during the coming term. These will take the form of a short introductory talk, followed by informal discussion. All members of the hospital community are welcome to attend, whether members of S.C.M. or not.

Jan. 15th : Problems relating to the introduction of new drugs.

The Management of the incurable case :

Jan. 22nd : (*a*) In Medicine.
Jan. 29th : (*b*) In Psychiatry.

Marriage :

Feb. 5th : (*a*) Social problems in contemporary life.
Feb. 12th : (*b*) The Christian view.
Feb. 19th : (*c*) Synthesis ?

Justice and the criminal :

Feb. 26th : (*a*) Crime and punishment.
Mar. 5th : (*b*) The juvenile offender.
Mar. 12th : (*c*) What has Christianity to say ?
Mar. 19th : Tea party in the Chaplain's Residence, 14, St. Thomas's Street, (2nd floor), at 4.30 p.m.

S.C.M. meetings are advertised on the Medical School notice board and on the notice board in the Colonnade by the South African War Memorial.

JOHN ILLINGWORTH,
Hon. Secretary, S.C.M.

GUY'S HOSPITAL
RUGBY FOOTBALL CLUB

THE
ANNUAL BALL
will be held at
THE ROYAL FESTIVAL HALL
on
THURSDAY, 5TH FEBRUARY, 1953
Dancing 8 p.m.—2 a.m.

Bar and Buffet *Evening Dress*

Double Tickets 30*s.* each, obtainable from E. O. James, R. K. Knight, S. C. C. Scott

APPOINTMENTS

J. S. Rose, B.D.S., L.D.S., appointed Dental Assistant to the Out-Patient Department of Middlesex Hospital from 1st December, 1952.

BARRISTER AT LAW

Gavin Thurston, M.R.C.P., has been called to the Bar of the Inner Temple.

PASS LIST

ROYAL COLLEGE OF SURGEONS OF ENGLAND

F.R.C.S.

Final Examination

C. H. Rey J. E. Blundell B. V. McEvedy

UNIVERSITY OF CAMBRIDGE

Final M.B. Examination

Michaelmas Term, 1952

(Old Regulations)

Part I. Surgery, Midwifery and Gynæcology

A. B. Aistrop R. H. Morgan
P. W. Hayward I. R. D. Reid
A. J. Kenmuir-Evans

(New Regulations)

*J. M. S. Grieve *G. L. S. Rankin
*R. D. Hernaman-Johnson *W. A. G. Roper
*E. J. Stacey
*H. E. Lichtenstein

(New Regulations)

Part I. Pathology and Pharmacology

*L. P. Balfour-Lynn D. G. Montefiore
J. A. D. Briggs C. J. Pattinson
L. F. Brunt H. Schlossmann
R. J. W. Lambert *E. J. Stacey
J. S. Miller

* Have now qualified M.B., B.Ch. (Camb.).

UNIVERSITY OF OXFORD

Michaelmas Term, 1952

Medicine, Surgery and Midwifery

*B. Pigott

Surgery

A. H. Vaughan

* Qualified B.M., B.Ch.

SOCIETY OF APOTHECARIES OF LONDON

Final Examination
November, 1952

Surgery

M. C. Batcheldor — Helen L. Partridge
J. K. Blackwell — Lesley P. D. Tunnadine
W. F. T. Davies — D. J. Waller
Nancy M. Page

Pathology, Bacteriology and Forensic Medicine

R. G. Orr — F. L. D. Steel
F. E. N. Roper — W. A. St. John

Medicine

D. P. Adamson — F. E. N. Roper
Anne Booth — Sylvia F. R. Smith
G. J. John — W. A. St. John
J. H. Peters — A. Trenhaile

Midwifery

D. V. Duckworth — E. N. McKenzie

Final Examination
December, 1952

Surgery

*D. P. Adamson — *J. D. Pryce
*D. V. Duckworth — *F. E. N. Roper
C. E. Lay — *Sylvia F. R. Smith
*E. N. McKenzie — *W. A. St. John
*J. H. Peters — *A. Trenhaile

Pathology, Bacteriology and Forensic Medicine

*E. N. McKenzie — *A. Trenhaile

Medicine

*M. C. Batcheldor — *Nancy M. Page
R. G. Jones — *Helen L. M. Partridge
*E. N. McKenzie — *S. C. C. Scott
*J. S. Norell — *Lesley P. D. Tunnadine

Midwifery

W. F. T. Davies — *Sylvia F. R. Smith
G. J. John — F. L. D. Steel
*F. E. N. Roper

* Have completed the examination.

CONJOINT BOARD

L.R.C.P., M.R.C.S.

Chemistry

D. J. Gallivan

Physics

D. C. Shelley

L.R.C.P., M.R.C.S.

December, 1952

Anatomy

J. S. M. Zorab

Pharmacology

H. R. Bissoon-Dath — T. W. Nicholson
Patricia M. Boyd — F. A. Orhewere
Elizabeth O. Bradley — E. G. Palmer
E. R. Gibbons — E. G. Reynard
A. C. Graham — L. Stimmler
B. P. Gregory — K. P. Walker
K. A. Hillard — D. H. Williams
D. P. Honey — R. D. Wilson
H. C. Meredith

ROYAL COLLEGE OF SURGEONS OF ENGLAND

L.D.S.

2nd Examination
December, 1952

B. T. Davies — P. A. McGuckin
K. J. Gilbert — A. R. F. Segerdal
J. M. Irwin

PAPERS BY GUY'S MEN

Agranat, B., and others. Two Cases of an Unusual Form of Pneumonia. *Sth. Afr. Med. J.*, 1952, **26**, 955.

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Wright, Leslie. The Significance of Alveolar Osteitis in Rhinology. *Proc. R. Soc. Med.*, 1952, **45**, 830.

CHANGES OF ADDRESS

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E. W. Graham, M.B., B.S., 4, High Street, Bexhill-on-Sea, Sussex. Tel. No. Bexhill 732.

BIRTHS

BAIRD.—On 19th December, 1952, at Guy's Hospital, to Sheila (née Hornby), wife of Hugh M. Baird, M.B., B.S.—a son (Malcolm).

BELSHAM.—On 26th December, 1952, at the Military Families' Hospital, Woolwich, to Daphne Frances (née Sedgwick), wife of Capt. W. Frank Belsham, R.A.M.C.—a daughter (Sally Jean).

MARRIAGE

GRAHAM—HIPPISLEY.—On 15th November, 1952, at Holy Trinity, Brompton, Eric William Graham, M.B., B.S., to Angela (Jill) Mary Hippisley.

DEATHS

HICKS.—On 25th December, 1952, at 56, Friar Gate, Derby, Henry Thomas Hicks, F.R.C.S., aged 81 years.

MEDLOCK.—On 27th December, 1952, at Hertford, Charles Harold Medlock, F.R.C.S. (No letters, please.)

SCOTT.—On 8th December, 1952, Philip Denis Scott, M.B., B.S., of 78, Clifton Hill, N.W.8.

EDS. { E.E.D.T. / R.D.W.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXVII. No. 1683 24th January 1953 One Shilling

PASSIM

From Particular to General

THIS is no place to embark lightly upon a discussion of the Law of Probability. The implied contradiction inherent in such a phrase might provoke much profitable argument especially where scientific inquiry is concerned. It is, however, worth re-emphasising that many an important conclusion, the result of applying a concept of probability, has been reached because argument started from the particular and proceeded to the general.

Exponents of Logic never tire of pointing to the danger of such reasoning as :—

" I have seen a white man in Gloucestershire : therefore all men in that county are white."

This is the sort of argument which would scarcely deceive the genuine scientist whose conclusions, to merit respect, are, ideally, certainties and incontrovertible. But Clinical Medicine is a branch of Science in which certainties rarely play so important a part. The clinician, indeed, is frequently forced to argue rather differently, probably on lines such as these :—

" In my experience, and over many years, I consider that I have seen a large number of all the men who live in Gloucestershire. So far each one has been a white man. Therefore it is reasonable to suppose that all men in that county are white."

No one would deny the force of such argument. Yet it rests on no certainties. There is nothing incontrovertible about its conclusion which is, logically, as unsound as the obvious absurdity of the previous example. Clearly, the significance of such a general principle increases with the number of particulars from which it is derived.

In the course of an address given earlier this month in London to a conference on The Technique of Medical Teaching, Professor Payling Wright made an important suggestion which might well find wider practical application to the methods used commonly in schools today, and medical schools in particular. He is reported as saying* that the plan of trying to teach general principles in the early stages of the clinical course might have to be modified : that lectures for junior students should provide them with a good deal of factual knowledge which they must acquire before they could appreciate these general principles.

That this suggestion runs contrary to accepted practice is evident from a study of the average programme of lectures arranged for various

* *Lancet*, 17th Jan., page 135.

parts of the medical curriculum. That this suggestion would, if put to the test, prove popular among medical students as a whole is clear from the number of " spiritual absentees " to be noted at many an opening address on " general principles ". If popular : then memorable. If memorable, then (almost certainly) valuable. The very originality of Professor Payling Wright's proposal is its passport to a closer examination of all that it implies.

We congratulate Miss Jean Addison, D.N., who is at present Matron of the Royal Free Hospital, on her appointment as Matron of Guy's. She will take up her new duties when Miss Dorothy M. Smith, O.B.E., who has been Matron here since 1946, leaves us at the end of the summer.

We record with deep regret the death, as the result of an accident, of our assistant editor, Roger Wilson, and extend to his family our sympathy in their sudden bereavement. An obituary is printed on page 28.

GUY'S DIARY

JANUARY		*ACADEMIC*
		Exhibition. Surgical Department. *Fractures.*
		Exhibition. Cardiac Department. *Some Aspects of Congenital Heart Disease.* Gordon Museum.
27th	1.00.	Mr. Blackburn. Clinical Lecture. *Fact and Fallacy in Thyroid Disease.*
29th	1.00.	Mr. Murray Falconer. Clinical Lecture. *The Relief of Intractable Pain by Surgery.*
	5.00.	X-ray Meeting. Gordon Museum.
30th	1.00.	Professor Bradford Hill. Clinical Lecture. *The Statistical Approach in Medicine.*
	2.15.	Combined Round. Preclinical Classroom.
FEBRUARY		
		Exhibition. Surgical Department. *Goitre.*
2nd	1.00.	Professor Bradford Hill. Clinical Lecture. *Clinical Trials.*
	5.00.	Film. *The Repair of Inguinal Hernia.* Clinical Theatre.
3rd	1.00.	Professor Spurrell. Clinical Lecture. *Breathing.*
5th	1.00.	Mr. Brain. Clinical Lecture. *Blue Babies.*
	5.00.	X-ray Meeting. Gordon Museum.
6th	1.00.	Dr. Mann. Clinical Lecture. *Ulcerative Colitis.*
	2.15.	Combined Round. Preclinical Classroom.
	4.45.	Department of Child Health. Films :— *Bronchography of Rabbit's Lung, The Bronchial Tree, Normal and Abnormal Angiocardiography.* Pathology Classroom.
9th	1.00.	Mr. Clarkson. Clinical Lecture. *Skin Grafting Techniques.*
FEBRUARY		*SOCIAL*
5th	8 p.m.– 2 a.m.	Guy's Hospital Rugby Football Club Annual Ball. The Royal Festival Hall.

Guy's men will be welcome at a meeting of the Royal Society of Medicine, Wimpole Street, W.1. on February 4th, at 5 p.m., when Dr. T. F. Wilson will read a paper on the distinguished Guy's Physician, Dr. B. G. Babington.

Subscribers to the *Gazette* whose subscriptions are due (12*s.* 6*d.* per annum including post) are asked to send their subscriptions without an " office " reminder to The Manager, *Gazette* Office, Guy's Hospital, S.E.1.

OBITUARY

CHARLES HAROLD MEDLOCK, F.R.C.S.

C. H. MEDLOCK, F.R.C.S., who had been consultant obstetrician and gynæcologist at Hertford County Hospital since 1948, died suddenly at his home in Hertford on Saturday, 27th December, 1952, at the age of 64.

He entered Guy's Hospital as a medical and dental student on 1st January, 1908, at the age of 19. He qualified L.D.S. R.C.S.Eng., in May, 1912, and then began his clinical work as a medical student. He qualified M.R.C.S., L.R.C.P. in July, 1915.

The *Hertfordshire Mercury* has kindly allowed this contribution :—

" While a student at University College School, Frognal, and Guy's Hospital, Mr. Medlock became a conspicuous figure in sport, playing for the Public Schools against the M.C.C. at Lords, and winning his hospital blue for rugby, cricket and athletics. He captained the United Hospitals and Middlesex County rugby teams and held the long jump championship for three years in the national Territorial sports.

" Before he had completed his medical studies the first world war began, and he was immediately mobilised as a Territorial in the Artists Rifles. After he had served in France as a dispatch rider from 1914 to 1915 the authorities granted him ' leave on duty ' to resume his medical training. After qualifying he was sent to France as medical officer with the 4th Tank Battalion in January, 1917. In 1919 he was mentioned in dispatches and in April of the same year was demobilised. Before returning to France Mr. Medlock held various house appointments at Guy's Hospital, including those of out-patients' officer, house surgeon, and resident obstetrician."

Returning to Guy's in 1919 he was appointed Demonstrator of Anatomy and held the following appointments at Guy's, obtaining the F.R.C.S. Eng., in May, 1922 :—

Gynæcological Assistant and Registrar, 1919–1921.
Assistant Demonstrator of Operative Surgery, 1922.
Surgical Registrar, 1921–1924.

Mr. Medlock's long association with Hertford County Hospital began in 1924, when he became honorary assistant surgeon, a post which he occupied until 1927, when he was appointed honorary surgeon. In 1929 he was promoted senior honorary surgeon, remaining in that position until 1948. During the same period he served as consulting surgeon to Ware Park Sanatorium. From 1935 to 1948 he also held the appointment of consulting surgeon to the East Herts. (Infectious Diseases) Hospital.

During the second world war Mr. Medlock was honorary medical superintendent of Hertford County Hospital ; obstetric surgeon in charge of the City of London Maternity Hospital (Brocket Hall) at Hatfield ; obstetric surgeon in charge of Peartree Maternity Home at Welwyn Garden City ; and from 1939 to July 1948 deputy obstetric consultant to Hertfordshire County Council. The appointment of consultant obstetrician and gynæcologist followed in July, 1948.

" Potty " Medlock, as he will always be remembered by his friends, was surely the " beau ideal " of the athlete to many of us, like his contemporary, Harry Lee, who has also passed on, as have Rupert Mullins, Jack Saner, Bruce Stringer, R. S. Kennedy—all distinguished for their rugby and academic prowess in the 1907–1914 days.

Those of his friends, who had the privilege of being present in 1926 in the historic Clothworkers' Hall, at his wedding to the younger

daughter of the late Sir Francis Agar, Sheriff of the City of London, will not forget a great occasion and will wish now to hold out a hand of sympathy to his widow.

Gardening was one of Medlock's hobbies, apart from the month's sailing holiday in Cornwall ; but his devotion to his work at Hertford Hospital always came first, leaving him but little time for the out-door life. He never spared himself, so that his intense popularity and great reputation in the County of Hertfordshire were indeed well merited.

Medlock died in full harness, as he would have wished. Following the customary and exacting Christmas Day celebrations in his maternity ward, later, after seeing his last patient, he went to his home to die.

C.S.L-R.

ROGER DUNCAN WILSON

ROGER WILSON'S tragic death on January 15th is a sudden and grievous blow to us all.

He came to Guy's from Bedford School in October, 1949, having already obtained his 1st M.B. During the pre-clinical years, and later in the wards, the quiet conscientious approach to his studies and the infectious gaiety of his disposition rapidly earned him the respect and affection of his teachers, patients and fellow students alike. His academic success seemed already well assured.

Those of us who knew him best recognised in him an ability which a certain engaging modesty of manner somewhat concealed. He was marked as a student of unusual intelligence, of musical talent, and of well informed opinions. These very qualities made his appointment, five months ago, as assistant editor of the *Gazette* a success from the start. To this new work he applied himself with the enthusiasm typical of one who undertakes a task with all his energies—for this was the keynote of his character—and he is sorely missed in the editor's room.

That a life of such promise in the profession he had chosen should be so suddenly cut short at the age of 21 is a tragedy which we, his fellow students, will always recall with sorrow. Roger Wilson was a gay friend and a true companion. We feel his absence keenly and extend to his family our deep sympathy in their great loss.

E.E.D.T.

A.J.K-E. writes :—

Roger Wilson had a truly happy disposition. His debonair manner, quiet charm and gaiety won him many friends. He had qualities that made his choice of Medicine as a career singularly fortunate—sympathy, understanding and, above all, a characteristic thoroughness.

His interests were varied and catholic. He was a sensitive musician and an accomplished performer on both violin and flute. Only a few weeks before his death he took one of the solo parts in the *Fourth Brandenburg Concerto*, performed at the Christmas Concert, and he played regularly in the Stock Exchange Orchestra. He was a member of the Institute of Contemporary Art and had a genuine and sympathetic interest in its work and aims.

When he died he was barely twenty-one, and so much that was of promise is left unfulfilled. His friendship lent a warmth and colour to the ordinary in our everyday life. In the hearts of those who knew him his death leaves a void that cannot easily be filled.

They carry back bright to the coiner the mintage of man,
The lads that will die in their glory and never be old.

AN ATYPICAL CASE OF VINCENT'S DISEASE

A Casual Communication given to the Guy's Hospital Dental Society on 18th November, 1952

By L. J. CHEESEMAN

LADIES AND GENTLEMEN,—Vincent's Disease, the incidence of which has a seasonal increase at this time of year—being lowest during the summer months and reaching its peak in December and January—usually presents such characteristic symptoms that diagnosis is fairly easy. Last month—October—I had the opportunity of treating a case which is of interest because of its somewhat atypical symptoms.

The patient, a waitress, aged 19, first reported to a dental surgeon in North London for a " routine check " on 6.10.52. It was discovered later, however, that the patient was on a week's holiday in London and was normally resident at Shrewsbury. It would seem, therefore, that the patient was well aware that something was wrong with her, was afraid of what it might be, and so presented herself to the dental surgeon for a " routine check ", knowing full well that the most casual inspection of the oral cavity could not fail to reveal a condition that would require further investigation. The dental surgeon referred her to Guy's where she was seen the following day.

Symptoms

The patient complained of no symptoms other than a slight sore throat which had started three days previously, but which by this time was giving no trouble, and of " bad breath " which had been present for about one week.

Personal History

The patient stated that apart from infrequent colds and a tonsillectomy performed at the age of four, she had had no illnesses. Her general appetite was good and she enjoyed a full diet. She smoked ten cigarettes daily and cleaned her teeth twice a day in all directions.

In June, 1952, she was treated by a dental surgeon at Skegness for gingivitis, and in early July, she had a molar removed in the lower right region. This had caused her the usual slight amount of discomfort during the succeeding three days, but no other symptoms.

Examination

On examination, the patient appeared pale and was very agitated. Temperature was normal (98°), Pulse Rate was 104, and there was marked fœtor oris. Although the patient was not a mouth-breather, there was a slight lack of lip seal. She had no headache or feeling of malaise.

The examination of the oral cavity revealed a large, irregular ulcero-membranous area with a slightly inflamed margin of the mucosa on the left side of the soft palate ; a second ulcer about half inch in diameter in the left buccal sulcus opposite the " 7 " region, and further ulceration and loss of a few interdental papillæ extending along the gingival margins to the incisor region. The ulcerated margins were not painful or tender to touch, but bled easily.

The tongue was coated with a yellowish brown fur, and the saliva flow appeared normal.

There was a large proximal carious cavity extending below the cervical margin in the $\underline{7}$ and several other cavities in the upper anterior teeth. A non vital "stump" remained in the upper left premolar region. The necks and interproximal portions of the teeth were coated with food debris, and there was general hyperæmia and some sub- and supragingival calculus, particularly in the upper buccal molar and lower lingual incisor regions.

Although the ulceration was unilateral, the submandibular and cervical glands of both sides were palpable but not tender.

Differential Diagnosis

A. The most likely diagnosis was *Vincent's Disease.*

The usual predisposing factors of this disease were present with the exception of a dietary deficiency, which seemed unlikely in this instance.

You will remember that the patient gave a history of a previous chronic gingivitis for which she was treated at Skegness in June.

The sore throat which the patient noticed three days previously may well have been a sign of lowered resistance sufficient to have permitted an acute exacerbation.

Although the patient claimed to have cleaned her teeth twice daily, adequate attention to oral hygiene had been neglected. Food debris had been allowed to collect and stagnate around the cervical portions of the teeth, making conditions ideal for anaerobic growth of fusospirochætal organisms.

Apart from the marked fœtor oris, the destructive inflammation of the gingival margins and interdental papillæ and enlargement of neighbouring lymphatic glands, all so characteristic of Vincent's, other symptoms equally typical were notably absent.

Pyrexia, malaise and other constitutional disturbances, though very variable in such cases are usually present in some degree, but these were absent.

At no stage did the patient complain of pain or tenderness of the ulcerated gingivæ, and this is unusual. It is true of course that the patient was very agitated when first seen, and was clearly frightened that it might be some serious illness which she may have associated with pain, and thus refused to admit it. Even after treatment had been completed, however, and the patient's confidence in the ability of dental surgeons reasonably restored, she still insisted that at no time were the ulcers painful to her, so we must accept this evidence.

B. One had, of course, to consider the mucous patch or tertiary ulcer of *Syphilis.* The history of sore throat, and of the painless nature of the ulcers seemed sufficient to warrant Wassermann and Kahn reactions. This was arranged, and the reports received three days later showed that both reactions were negative.

C. The pseudo-membranous nature of the palatal lesion—due to coagulated fibrinous exudate—may have suggested *Diphtheria* but this could be safely ruled out on the lack of any constitutional disturbance. Moreover the bacteriological investigation, of which I shall

be saying more in due course, gave no evidence of the presence of the Klebs-Löffler bacillus.

D. Acute Leukæmia is a comparatively rare condition but could not be ruled out entirely, as with this disease, the oral mucosa may be affected with ulcerative and necrotic lesions. A blood picture was therefore considered desirable, the results of which will be mentioned later.

E. Agranulocytosis can be associated with severe ulcerative necrotic inflammation in the oral cavity, and although the onset of symptoms in such a case is usually sudden, the temperature is raised and the constitutional symptoms severe. In this case these symptoms were absent.

Neither was there evidence of the previous administration of sulphonamides or other drugs which might have been predisposing factors.

All things considered then, the *Provisional Diagnosis* was *Vincent's Disease*, and to confirm this, a *Bacteriological Investigation* was carried out.

A Direct Smear taken from the ulcerative areas, fixed and stained with Carbol Fuchsin showed a field teeming with spirochætes in association with fusiform bacilli amongst the inevitable epithelial debris. There were some cocci present, but little evidence of pus formation (polymorphs).

From the *Cultures* made, a variety of organisms were grown which are of interest. They included :

1. A mixed growth of saprophytic neisseria.
2. Beta Hæmolytic streptococci.
3. Streptococcus viridans.
4. Pneumococci.

The absence of Borrelia Vincenti spirochætes and fusiform bacilli was not surprising, since neither of these organisms will grow in ærobic cultures, and the anærobic culture of the fusiform bacillus involves a difficult and laborious technique.

The Blood Picture was also of considerable interest :—

The Red cells appeared normal, the hæmoglobin being 98%.

There was, however, a slight polymorphonuclear leucocytosis. There were 12,000 white cells per cubic mm. (5—10,000 is generally considered to be within the limits of normality), the differential count being as follows :—

72% Polymorphs	(Normal 60–70%).
1% Basophils.	
26% Lymphocytes	(Normal 25–30%).
1% Monocytes	(Normal 5–10%).

Both Wassermann and Kahn Tests were negative.

Apart from the information gained from the direct smear, the details of the blood picture and the Wassermann Reaction were not of course known until the third day, during which time treatment was directed along the conventional lines for *Vincent's Disease.*

Treatment and Progress

On the first day—7.10.52—this consisted of a generalised clearing of the necrotic tissue and cleaning of teeth—the atomiser was useful for this—the isolating with wool rolls and drying of the ulcerated areas to which was applied 10% Chromic Acid followed by Hydrogen Peroxide, and the first dose of a three-day course of systemic saline and procaine penicillin—250,000 and 300,000 units of each respectively.

The patient was instructed to destroy her present hard toothbrush and replace it with a softer brush of the type approved by the department, to clean her teeth and gums with a pure Castile soap after every meal, and to use a peroxide mouthwash every three hours. She was also requested to stop smoking for a few days.

Although it is considered unlikely that the infection would be transmitted to others, the patient was advised to take reasonable precautions to keep to her own drinking utensils, etc., and to refrain from kissing any boy friends !

2nd day.

The patient was seen on the following day and the condition was much improved, the ulcer in the cheek in particular being reduced in size. A further application of Chromic Acid was applied to the ulcerated gum margins.

3rd day.

On the third day a fresh smear was taken from the palatal ulcer, stained and examined microscopically. This showed a complete absence of spirochætes or fusiform bacilli.

The patient by this time had lost her fear of dental treatment and was taking an increased interest in her personal appearance—an encouraging sign.

4th day.

The next day showed a slight improvement and some calculus was removed, followed by another application of Chromic Acid to the gingivæ and instruction in the use of wood points to cleanse the interdental areas and to promote keratinisation of the epithelium.

5th day.

On the fifth day, the scaling and polishing was completed. The fœtor oris was not noticeable now. Gentian violet was applied to the now small ulcers on the palate and cheek as a safeguard against any secondary infection.

The patient was again seen on the 7th and 10th days and showed continued improvement. Further applications of gentian violet were made to the ulcers on each of these occasions. The condition was now sufficiently controlled and no further visits were considered necessary for another week.

When she returned on the 23.10.52, sixteen days after the initial treatment, the ulcers were completely healed, and arrangements were then made for a local dental surgeon to continue with the extraction of the /7 and /5 root, and the conservative work.

THE CLUBS' UNION BALL

THE second Annual Ball of the Clubs' Union held at the Park Lane Hotel on Friday, January 9th, was indeed a memorable occasion. More than three hundred guests eagerly escaped from the damp fog of Piccadilly into an atmosphere full of excitement and anticipation. From the warm and charming reception by Mrs. N. L. Eckhoff, who is seen with her husband in the first photograph, to the sudden reluctant announcement of the Last Waltz the evening passed gaily and quickly by.

Mr. and Mrs. N. L. Eckhoff welcome Mr. V. G. Boyle and his partner.

How much more readily could we have been persuaded from the delights of the cocktail bar had we been able to forsee the excellence of the dinner ! By the common approval both of those who were to talk and those who were to listen, the Royal Toast and the Toast of the Clubs' Union were submitted without speeches. Dancing began as the meal ended and continued to a delightful sequence of tunes played by Tommy de Rosa's Orchestra. The interpretation of one Old Fashioned Dance by a particular Registrar was both amusing and original, though Dryden would surely have described it as very modern " poetry of the feet ".

Our grateful thanks are due to Mr. P. A. Lane-Roberts and his Sub-Committee for the admirable organization of this second Annual Ball. We should also like to acknowledge the help

and consideration of the Banqueting Manager of the Park Lane Hotel. Let us hope that this year's repeated success of the Annual Ball will guarantee its becoming a permanent feature of our future social calendar.

Messrs. A. P. Blower and G. A. Marin (top) E. C. Rolls and L. G. Bishop with their partners.

Photographs by Lawson & Co.

NURSES' DANCES

What mov'd my mind with youthful lords to roam?
ALEXANDER POPE

ON the evenings of January 6th and 8th the Nurses' Home was thrown open for music, dancing and boiled shirts. From 9 o'clock onwards the guests were graciously received by the Matron, Miss Dorothy M. Smith, and the Chairman, Lord Cunliffe. Sounds of music from the rooms designated for the purpose led one to a scene of rare elegance and beauty. The ladies were a vision of soft white arms, clouds of tulle and rustling, bustling, silks and taffetas. One was aware, further, of immaculate linen and the line of a well-cut trouser.

From such beginnings sprang the origins of two uncommonly enjoyable evenings. The discreet rhythms of the bands provided music for excellent dancing. Dare one comment upon the elephantine grace with which a certain member of the Rugby Club slipped from the arms of his partner and surveyed the ceiling with close attention ? This aroused interest in many quarters. The excellent buffet provided a happy meeting ground for friendly encounters—and it was here that the air was charmed by the sound of Caledonian voices raised in song. Later, on one of the evenings, the gathering was enlivened further by another well-known member of the Rugby Club who had previously delighted his fellows with a brief, but glorious, pyrotechnic display in a nearby hostelry. Close observers noted that he took his refreshments standing. Eightsome reels provided further delight in an altogether successful twin evenings' entertainment.

CORRESPONDENCE

Letters to the Editor of the Gazette

Physiology for Dental Students

From Mr. F. N. Doubleday.

SIR,—As a Dental Teacher I keep a standard textbook of Physiology on my shelves and renew the edition every five years. When Anderson's *Physiology for Dental Students* appeared I bought a copy and read it. I have since re-read several chapters in the light of the abominable review published in your columns of December 27th. In a book of this kind the publishers fix a limit to the number of words which they will print. I think that Mr. Anderson, as a Senior Lecturer in Physiology, writes with judgment and with experience of teaching that which it is most necessary for dental students to know. To me the English is easy to read. I turn to the pages dealing with *Calcification* and find a clear account of calcium-phosphorous metabolism. I go on to the sections on *Diet* and they give a comprehensive consideration of this essential study, which includes valuable tables and equivalents. The review is unbalanced and unfair and I wish to express my great regret that you should have published it.

Yours, etc.,

F. N. DOUBLEDAY.

Residents' Play

SIR,—May I please inform your readers that the Residents' Play will take place in the Physiology Theatre each evening from Tuesday 24th to Friday the 27th of February ?

No charge will be made for seats, but it is hoped that the costs, which do not diminish, will be met by donations.

I should be grateful if applications for seats could be sent to me before the 13th of February. There are usually requests for more seats than are available. An honest attempt will be made to satisfy everyone who applies, but I would apologise in advance for any disappointments there may be.

Yours, etc.,

A. S. HARRIS,
President of the Residents.

Water Divining

SIR,—The reprint of the paper on Water Divining reminds me of some experiments conducted one afternoon in July, 1933.

I was spending a caravaning holiday on a farm in South Devon with my wife, year old baby and his nursemaid, a girl of 18. The farm's water supply was by water ram in the field adjoining our site. A local acquaintance, Mr. B., with his 16 year old son came up to arrange a fishing trip and conversation turned to the ram. Mr. B. said that when in India, he used to divine for his water and I requested a demonstration, as I had never seen it done.

We first established that his son, who had never previously tried, had the power as strongly as his father, but none of my family had it. A series of experiments, too long to set out in a letter, were then carried out.

Deflection of the twig was maximum at 90° to the flow and absent on walking directly along the line of the flow. If I held one side of the fork and one of the diviners the other, deflection was upwards and towards the diviner. If I walked between two diviners and held a twig in each hand, while they each held one of the twigs and joined their outside hands behind my back, deflections were again upwards and towards the diviner. If I crossed my arms, one twig deflected upwards, the other downwards.

The ram could be heard working regularly in the field, indicating a steady flow in the buried pipe, over which our investigations were undertaken. It is interesting that Mrs. B. had the power almost as well developed as her husband.

Yours, etc.,

Bridge House,
Stratford-on-Avon.

HAROLD GIRLING.

REVIEWS

British Journal of Radiology—Supplement No. 4. *Cancer of the Breast.* A Review by D. W. SMITHERS, M.D., M.R.C.P., D.M.R., P. RIGBY-JONES, M.B., D.M.R., D. A. G. GALTON, M.B., B.CHIR., and P. M. PAYNE, B.SC. *Price* 22*s.* 6*d.*

The basis of this report is a study of 1,777 cases of carcinoma of the breast treated at the Royal Cancer Hospital between 1937 and 1948 inclusive.

Various outstanding problems are investigated and reasoned conclusions are shown in respect of these problems having scrupulous regard to statistical validity. After a review of the evidence for the existence of a hereditary factor in the genesis of breast cancer, evidence which the authors regard as favourable to this conclusion, other possible factors, such as social class, hormone balance, the significance of fibroadenosis as a predisposing cause, the effect of trauma together with marital state, parity and the influence of breast feeding are examined. The views expressed in relation to these problems are in accordance with those commonly accepted and it is valuable to find that these views are fortified by careful reassessment of the evidence in relation to this large series of cases.

It is claimed that the most important consideration in assessing prognosis is the stage which the growth has reached when first subjected to treatment; the authors point out how this is often dependent upon the histological grade of the tumour. Tumours developing during pregnancy and lactation seem in this series to have maintained their sinister reputation, although the authors confirm the views of Nohrman that patients who have survived radical mastectomy for three years without signs of recurrence may have further pregnancies without undue risk.

The results of treatment are assessed and from the lessons learnt a plan for a treatment policy is evolved. The general conclusions are too complicated to be explained in a short review, but the principles are that surgery is better than radiotherapy in eradicating cancer, but that unsuccessful surgery may do harm ; that the primary and the secondary fields should be regarded as distinct problems bearing this axiom in mind, and that whereas radical mastectomy is the best method of treatment when it is applicable, stricter criteria should be used in determining its applicability.

This publication embodies the best and most up-to-date opinion on the surgery of breast cancer ; it is cheap and handy so that it should find its way into the library of every general surgeon who will derive much benefit from its study. Not least of its attractions is the quotation from Wilfred Trotter on the fly-leaf.

H.J.B.A.

The Background to Hospital Planning. By H. W. C. VINES, M.A., M.D. Faber & Faber. *Price* 21*s.*

" The Background to Hospital Planning ", in its earlier chapters, appeared to be an abstract account of what is needed in a hospital viewed more from the point of view of atmosphere than physical or structural requirements. At the same time this part of the book is interesting and the suggestions put forward are based on sound reasoning. As the theme is developed, the merit of the book becomes more obvious. Although many matters referred to might be thought to be elementary, they are in their proper place and perspective and complete the picture. No attempt is made or could properly be made in a book of this type to give detailed drawings of suggested ideal layouts but the sketches illustrating the connection between parts of a specialist service or between services as a whole are admirable while at the same time provocative of thought. A book containing much of interest and obviously written with great care, it will well repay study by all connected with hospital planning and in fact all connected with hospital administration. B.L.R.

A Textbook of Medical Psychology. By ERNST KRETSCHMER. Translated from the 10th German edition, with an introduction by E. B. STRAUSS, M.A., D.M., F.R.C.P. Hogarth Press. *Price* 30*s.*

Professor Kretschmer is one of the most eminent living German Neuro-Psychiatrists. He is the originator of a system known as type psychology, which relates physical and constitutional factors in the general shape and body structure of human beings, to their personality and psychological reactions to stress of various kinds. For this alone modern clinical psychiatry is deeply indebted to him, and his contribution to the problem of understanding the relationship between mind and body is profound and valuable.

Nevertheless it is difficult to recommend this volume, which embodies so much of his original work and carefully eclectic and empirical approach, to the general medical reader. This difficulty arises partly because Professor Kretschmer's description of unconscious mental processes, whose understanding is indispensable to any appreciation of modern medical psychology, is couched in terms which are completely unfamiliar to the average English medical reader, and which even the expert finds some difficulty in relating to the concepts already formulated in this field by Freud, Jung and Adler. As long as psychiatric terminology is going to vary from one author to the other, so long will the whole subject be bedevilled by that obscurity and confusion which its detractors are all too justified in attacking. For this reason alone it is unfortunate that a descriptive technique which is so essentially individual and, at first sight, alarmingly complex, should form a fundamental part of what is described as a textbook of medical psychology.

The general aims of the book can best be understood by regarding it as bearing a relationship to clinical psychiatry comparable to that borne by Professor Samson Wright's *Textbook of Applied Physiology* to general medicine and surgery. But here again the comparison cannot be exact. Professor Kretschmer's book is a somewhat indigestible compound of detail and over-simplification. The sections concerned with the anatomical and physiological basis of psychological function, and those devoted to the author's own approach to normal psychology, appear to be aiming at a postgraduate level of instruction ; whereas the final section of the book, dealing with such practical questions as medical reports and note taking, and techniques in psychotherapy, are essentially over-simplified, despite an attempt at comprehensiveness which leads to dogmatic superficiality. There is no mention of physical techniques in treatment at all.

While these criticisms seem unavoidable, notwithstanding the claims made by the translator for this book, it would be a pity if they left the reader with an impression of categorical denunciation. This is a book which can be read with some profit by the postgraduate student. If the author could bring himself to abandon his inevitably unsuccessful attempt to combine detail with comprehensiveness, much of the book might be re-written with great benefit to the undergraduate. But at present the work seems to fall, and to fall heavily, between two stools. This is all the more regrettable since a textbook combining this type of approach with the lucidity and forbearance which the undergraduate is entitled to expect in the presentation of a difficult subject, remains urgently needed. D.S-C.

The Rhesus Factor. (3rd Edition.) By G. FULTON ROBERTS. Heinemann. *Price* 5*s.*

The Rhesus Factor is an important—and interesting—problem in clinical medicine today. It is, however, assuming a wider importance in such fields as genetics and anthropology.

The first edition of this book provided a good short account of the problem but the succeeding editions have each expanded by over 30%. The present (third) edition remains a reliable and readable account but contains many pages which, although interesting, exceed the needs of the clinician.

There are more detailed works dealing with the theoretical and technical aspects and larger volumes concerned with it as a clinical problem. This book, however, is one of the best relatively short (86 pages) accounts for the clinician and, so long as it does not continue its present rapid rate of expansion, is likely to remain so. R.K.A.

Diseases of the Ear, Nose and Throat. By J. DOUGLAS MCLAGGAN, C.V.O., and JOSEPHINE COLLIER. 2nd Edition. H. K. Lewis & Co. Ltd. *Price* 37*s.* 6*d.*

It is 15 years since the first appearance of this well known textbook, 15 years which have seen great strides made in all branches of medicine and surgery. This progress, largely the result of the development of chemotherapy and the introduction of the antibiotic drugs, has had a double significance for the surgeon, since not only are many cases of infection that formerly came to need operation cured without it, but the morbidity and mortality of surgical intervention have changed to the patient's advantage. No one has had a better opportunity to observe this than the ear, nose and throat surgeon.

It was to be expected therefore that the new edition would tell a very different story from the first. The surprise is that it can do so with so few alterations : at first glance this is the same book as before. There are still twenty-one chapters each with the same heading, although those dealing with the nose have been properly promoted from Section Four to become Section Two. The illustrations, not the happiest feature, are essentially the same and although in places paragraph headings appear in bolder type, most of the text has been moved into the new cover unchanged. This accords of course with the authors' emphasis on the need to base treatment on a sound knowledge of the local anatomy, physiology and pathology. These subjects constitute the greater part of the book and these they have found no cause to restate. The extra hundred pages include a number of new paragraphs, for instance on the fenestration operation for otosclerosis and acute laryngo-tracheo-bronchitis, and much of the description of treatment has been amplified and amended, often to take into account new drugs such as the antihistamines and antibiotics.

The new edition has been prepared, in the words of the preface, " with the needs of the undergraduate medical students in mind ". It is necessarily dogmatic therefore and in some places, such as the chapter on chronic suppurative otitis media, over-simplified. However, in its revised form, it is certain to re-establish itself among the several popular undergraduate textbooks on this subject. L.F.W.S.

Surgical Instruments and Appliances. By HAROLD BURROWS, C.B.E., PH.D., M.B., B.S., F.R.C.S., and RONALD W. RAVEN, O.B.E., F.R.C.S. 14th Edition. Faber & Faber. *Price* 8*s.* 6*d.*

This little book which will conveniently slip into a coat pocket, describes and illustrates the instruments and appliances used in all important forms of surgical procedure. In many (though not all) cases the size of the illustration as compared with that of the actual instrument itself is indicated. In the 14th edition much of the text is revised and the illustrations have been amended to bring the subject matter up to date.

This volume is well established as a valuable aid for house surgeons and theatre sisters in their work ; and students preparing for their final examination in surgery will find this admirably printed little book of very great assistance. E.E.D.T.

SPORT

ASSOCIATION FOOTBALL

Southern Amateur League
Division III, Senior Section
Guy's Hospital 1st XI *v.*
Pearl Assurance 1st XI

Away. Result : Drew 1—1
17th January, 1953

On a splendid pitch and in ideal weather conditions the Hospital side quickly got into their stride and Matthews, playing in the unaccustomed position of inside right, was twice on the target but the Pearl Assurance goalkeeper proved adequate to the task. It was in fact Pearl who scored first. Their right winger beat the Hospital's left back and sent across a high centre and their left winger running in just beat Fearn in the air and accurately placed the ball in the corner of the net—a very good goal indeed.

The Hospital forwards refused to be daunted by this setback and continued to press, but passes tended to fail to reach an unmarked man and consequently good approach work did did not get its merited reward. On one occasion Matthews beat three men and slipped the ball through to Oldfield playing on the left wing who sent in a rasping shot that the goalkeeper saved cleverly.

After brilliant approach work by Lee the ball was slipped past the Pearl centre-half to an unmarked centre-forward who equalised with a good shot. Half-time came with the score 1–1.

The beginning of the second half saw the strong tackling of Lipington at right-half giving the initiative to the Hospital but the forwards were unable to score that vital goal. Cornhill on one occasion was presented with a gilt-edged chance but the goalkeeper managed to get a hand to his shot. Spasmodic attacks by the Pearl forwards were easily held by the Hospital's defence. Ten minutes from time the Pearl left-half left the field with a twisted knee and the Hospital threw everything into the attack but played into their opponents' hands by concentrating their attacks down the centre of the field where Pearl bunched their defenders and by strong tackling broke up all movements. The end came with the Hospital side straining every muscle but Pearl held out very creditably and, though outplayed, thoroughly earned their point.

Southern Amateur League
Division III, Senior Section
Guy's Hospital 1st XI *v.* Alleyn Old Boys 1st XI
Away. Result : Won 3—2
10th January, 1953

Division III, Reserve Section
Guy's Hospital 2nd XI *v.* West Wickham 2nd XI
At H.O.P. Result : Lost 1—4
10th January, 1953
Guy's Hospital 2nd XI *v.* Alleyn Old Boys 2nd XI
At H.O.P. Result : Lost 0—2
17th January, 1953

Friendly
Guy's Hospital 3rd XI *v.*
Great Western Railway 3rd XI
Away. Result : Lost 1—3
10th January, 1953

HOCKEY

Guy's 1st XI *v.* King's College Hospital 1st XI

At Denmark Hill. Result : Won 2—1
10th January, 1953

On a muddy ground, Guy's defeated K.C.H. 2–1 at Denmark Hill. Inaccurate shooting and brilliant goalkeeping prevented Guy's winning at a canter.

The game started at great speed with a movement which nearly resulted in a goal against us. The game then passed into their half where it remained until half-time. Many shots went in at their goal but of no avail.

N. R. Cooke, after many good runs on the right wing, sent across a centre which M. Willis took first time, scoring with a hard shot.

Just before half-time a break away by the opposition forwards resulted in a goal. There was a misunderstanding in the defence and the goalkeeper was found out of position.

The second half was again spent in the opposition's half. From a penalty corner it seemed Millar had scored, but there was no whistle. Soon after, however, their goalkeeper lay on the ball, much to his discomfort, and we were awarded a penalty bully from which Millar scored.

D. M. Ackery made his debut in this game. He played well and his covering and passing were good.

Scorers : Willis 1, Millar 1.

Team : C. H. Bishop ; J. J. Hall, H. M. Tuddenham ; W. R. O. Eggington, R. W. Elsdon-Dew, D. M. Ackery; N. H. Cooke, R. R. Pant, M. Willis, J. I. Millar, J. S. Partridge.

1st Round, Senior Inter-Hospitals' Cup
Guy's Hospital *v.* St. Mary's Hospital

Result : Won 7—0
14th January, 1953

Guy's, fielding their full team for only the third time this year, proved too good for the St. Mary's XI and won an enjoyable game by seven goals to nil.

In particular the inside forwards ably supported by the halves played sound constructive hockey while Linahan at right back was the outstanding player on the field.

The game began at a fast rate on a firm, true ground, with Guy's attacking strongly, and in the eighth minute took the lead when, following a scrimmage in front of the goal, Millar scored. Willis nearly increased the lead shortly afterwards, his first-time shot being just wide of the post. Mary's now broke through the Guy's defence but Bishop proved adequate to the occasion. Guy's renewed their attacks and before half-time Millar had scored two more goals for the Hospital, the third goal coming as a result of a well judged pass from Paul.

After the interval Guy's dominated the play even more and only a desperate defence by Mary's prevented the Hospital scoring more goals than they did. Guy's were the faster team and used their wings more effectively. The Mary's right wing was the danger man but he was reasonably checked by Sandfield and Tuddenham. Millar scored the Hospital's fourth goal when a pass from Willis found him already in the circle and unmarked. Guy's were completely on top at this stage and a fifth goal by Willis was a fitting reward for his efforts. Millar scored again for the Hospital and shortly after the bully off Paul, intercepting a free hit, dribbled past the defenders and scored a very nice goal.

Guy's meet Westminster in the 2nd round of the Cup on February 11th and on their showing with Mary's should stand a good chance of passing into the 3rd round.

Scorers : Millar 5, Willis 1, Paul 1.

Team : C. H. Bishop ; H. M. Tuddenham, D. C. Linahan ; J. J. Hall, R. Elsdon-Dew, R. Sandfield ; N. Cooke, R. R. Paul, M. Willis, J. I. Millar, J. S. Partridge.

Guy's 1st XI *v.* Hendon 1st XI
Result : Lost 1—2
17th January, 1953

WOMEN'S HOCKEY

Guy's 1st XI *v.* Middlesex Hospital
At Chislehurst. Result : Won 4—0
17th January, 1953

It was obvious throughout the first half that Guy's had not played for over four weeks. Playing uphill they managed to score only once even though most of the play was in the Middlesex half. In the second half Guy's were much improved and combined well together. Three goals were scored, one each from H. Cummins, P. Tunnadine and M. Gill, making the final score 4–0.

HOSPITAL INFORMATION

HOUSE APPOINTMENTS

1st March, *1953*

Applications are invited for the following House Appointments at Guy's Hospital, duties to commence on 1st March, 1953.

Assistant House Surgeons 5

NOTE : Of these 5 vacancies, 3 will be PRE-REGISTRATION APPOINTMENTS and 2 will be open to candidates who have already registered. The appointment will be for 6 months in the first instance, but the first 3 months only will be spent as Assistant House Surgeon.

Assistant House Physicians 4

NOTE : Of these 4 vacancies, 3 will be open to PRE-REGISTRATION candidates and one to candidates who have already registered. Of the 3 PRE-REGISTRATION APPOINTMENTS 2 will be for 6 months in the first instance, but the first 3 months only will be spent as Assistant House Physician. The third appointment will be for 6 months as Assistant House Physician with a change of Firm after 3 months.

Out-Patient Officers 4

House Surgeons 2

House Physicians 1

Resident Obstetricians 2
(1 commencing 1.3.53)
(1 commencing 1.5.53)

Ophthalmic House Surgeon (Non-Resident) 1

Neurological House Physician 1

Genito-Urinary House Surgeon 1

Children's House Physician 1

Resident Junior Clinical Pathologist .. 1
(8.3.53 to 31.8.53)

NOTE : As from March 1st, 1953, the Resident Junior Clinical Pathologists will be required to undertake additioual duties by acting as House Officers to the Department of Medicine Beds (6), the Metabolic Beds (6) and the Deep X-Ray Therapy Beds (4) in William Gull Ward.

House Physician in the York Clinic .. 1
(Closing date for receiving applications extended to 6.2.53)

Resident Anæsthetist 1
(Commencing 20.3.53)

R.M.Os., Nuffield House 2
(1 commencing 18.3.53)
(1 commencing 8.4.53)

The Medical Committee will also consider applications for appointments at outer Hospitals, as follows :—

ORPINGTON HOSPITAL
House Physician 1

PEMBURY HOSPITAL
House Physician 1
(Pre-Registration Post)

Children's House Physician 1

Resident Anæsthetist 1
(Senior House Officer, i.e., Salary £670 per annum)

LEWISHAM HOSPITAL
Obstetric House Surgeon 1
(Pre-Registration Post)

House Surgeon in General Surgery and Genito-Urinary Surgery 1
(Pre-Registration Post)

SOUTHERN HOSPITAL, DARTFORD
E.N.T. House Surgeon 1
(Pre-Registration Post)

Ophthalmic House Surgeon 1
(Pre-Registration Post)

QUEEN MARY'S HOSPITAL, SIDCUP
House Surgeons 2
Pre-Registration Post.

Applications, giving choice of post and choice of Hospital in order of preference, should be lodged in the Superintendent's Office not later than **Monday, 2nd February, 1953.** Candidates who apply for appointments at Guy's as Assistant House Surgeons, Assistant House Physicians, House Surgeons or House Physicians should indicate their preference for Firms.

N.B.—The attention of candidates for Pre-Registration Posts is specially drawn to an explanatory memorandum on the subject which appears below.

PRE-REGISTRATION HOUSE OFFICER APPOINTMENTS

Medical Students who pass their Qualifying Examinations after 1st January, 1953, are reminded that they will be required to hold recognised pre-registration House Officer appointments in approved Hospitals or Institutions for a period of twelve months before they become eligible for full registration as medical practitioners.

During this twelve months the House Officer must spend six months in a medical post and six months in a Surgical post (or as an alternative to either six months in a Midwifery post) subject to the provision that persons suffering from a physical disability rendering them unable to perform the duties of a Surgical or Midwifery post may be permitted by the General Medical Council to hold medical posts for the whole period.

Twelve House Officer appointments at Guy's have *so far* been recognised as Pre-Registration posts and the intention is that the holders of these posts shall complete two three-monthly appointments in medicine or surgery, followed by a six months' appointment in Surgery or Medicine (or in Midwifery), e.g., A.H.S., O.P.O. (Surgical), H.P. (6/12) or A.H.P., O.P.O. (Medical), H.S. (6/12) or A.H.S., A.H.S., R.O. (6/12), etc.

Students taking their Qualifying Examinations after 1st January, 1953, should therefore make application for Pre-Registration Appointments to commence as soon as possible after they qualify.

The appointments at Guy's will commence on 1st March, 1st June, 1st September and 1st December in each year. Application for these appointments should be made at the Superintendent's Office not later than 1st February, 1st May, 1st August or 1st November, and the appointments will be announced with the least possible delay after these dates.

As the number of posts available at Guy's is small compared with the number of students who are likely to qualify, students applying for appointments at Guy's are advised to consider applying for Pre-Registration posts elsewhere at the same time in order to avoid delay in obtaining a post. A number of recognised posts will be available in approved Hospitals in the South-East Region under the control of the South-East Metropolitan Regional Hospital Board. Posts may be obtained anywhere in the country, provided they are recognised by the General Medical Council, in addition to those obtainable in the South-East Region. Details of posts available and the lists of appointments recognised by the General Medical Council as pre-registration posts are obtainable from the Medical School Office.

As soon as students have been appointed to a pre-registration post in a particular hospital it will be necessary for them to apply to the General Medical Council for provisional registration before they can commence the appointment or a subsequent appointment of a similar nature.

Applications are invited for an additional full-time **Research Fellowship in the Thoracic Surgical Unit** for research on cardiovascular problems. It is desirable that applicants should possess a higher qualification in Surgery. Salary (in the range £775 to £1,100) will depend upon the experience of the person appointed. Applications, with the names of three referees, should be sent to the Dean, Guy's Hospital Medical School, London Bridge, S.E.1, not later than **31st January, 1953.**

Applications are invited for the appointment of **Assistant to the Director of the Department of Obstetrics** (part-time). The appointment will be for the period 1st March to 30th September, 1953. Forms of application obtainable from the Medical School Office, should be forwarded not later than **30th January, 1953,** together with the names of two referees.

EVELINA CHILDREN'S HOSPITAL OF GUY'S HOSPITAL

Southwark Bridge Road, London, S.E.1

Applications are invited for the post of **Non-Resident Senior House Officer in the Casualty Department** for five morning sessions weekly. The appointment is for six months from the 1st March, 1953.

Applications and copies of three recent testimonials should reach the Hospital Secretary by **Thursday, 12th February, 1953.**

Required. **House Surgeon** (2nd or 3rd post). Appointment is from 1st March, 1953, for six months (first two months in the Casualty Department) and is recognised for the D.C.H. Salary £400 or £450 per annum, less £100 per annum for residential emoluments.

Applications, stating age, nationality, qualifications (with dates) and copies of three recent testimonials, should reach the Hospital Secretary by **12th February, 1953.**

NEW YEAR HONOURS

M.B.E. (Military)

Percy Lionel George Cole

UNIVERSITY OF LONDON

BOARDS OF FACULTY, 1953

Faculty of Medicine

Members of the Senate who are members of, or graduates in, the Faculty :

Dr. E. R. Boland

REPRESENTATIVES OF THE BOARDS OF STUDIES

Dentistry : Professor W. E. Herbert

Pharmacology : Professor J. M. Robson

Other members of the Faculty appointed on the recommendation of the members of the Faculty:

Professor W. R. Spurrell

Human Anatomy and Morphology :
Professor J. Whillis

BOARDS OF STUDIES, 1953

Professor G. Stead will be one of the representatives of the Board of Pre-Clinical Studies on the Board of Advanced Medical Studies.

RECOGNITION OF TEACHERS

Faculty of Medicine

D. J. Anderson, M.Sc., as a Teacher of Physiology at Guy's Hospital Medical School.

EXTENSION OF PROBATIONARY RECOGNITION

The following, who are already Recognised Teachers at Undergraduate Medical Schools, have been also recognised as Teachers at the Institute of Neurology in the Subjects named : Charles Skinner Hallpike (Oto-rhino-laryngology) already recognised at University College Hospital Medical School
Sir Charles Putnam Symonds (Neurology) already recognised at Guy's Hospital Medical School

ROYAL COLLEGE OF SURGEONS OF ENGLAND

Mr. G. T. Hankey has been appointed Charles Tomes Lecturer for 1953.

ST. ANDREWS UNIVERSITY

Sir Heneage Ogilvie has been appointed praelector in the faculty of medicine at St. Andrews University for the session 1952–3. During his tenure of office he will take part in the teaching and clinical work of the department of surgery and deliver a series of open lectures.

APPOINTMENTS

R. C. Greenberg, M.B., B.S., has been appointed Assistant County Medical Officer of Health, Essex County Council, Romford Area.

UNIVERSITY OF LONDON

Special First Examination for Medical Degrees

December, 1952

A. J. Armour
T. M. Bull
L. Cook
P. R. Hewett
R. H. MacKeith
S. O'Connell
P. C. C. Pitt
B. Pitt-Payne
W. J. W. Siddall
I. D. Simpson
J. A. P. Trafford
J. G. Watling
S. R. Williams

The following General Certificate of Education Candidate has qualified for exemption from the First Medical :—

C. Wastell

November, 1952

Intermediate Examination in Science

(Completing exemption from 1st B.D.S. Examination)

M. A. Gillon

M.D.

December, 1952

Branch I (Medicine)

B. H. Bass

Branch II (Pathology)

J. C. Crook
E. A. Wright

Branch III (Psychological Medicine)

A. A. Cashmore
W. P. Gurassa

Branch IV (Midwifery add Diseases of Women)

G. W. Garland
J. M. Holmes

PASS LIST

CONJOINT BOARD

L.R.C.P., M.R.C.S.
Final Examination

January, 1953

Pathology

C. Bishop
*W. M. S. Boyd
N. C. Brooks
G. J. R. Clarke
A. G. F. Dominick
*E. C. Howarth
J. B. L. Gee
D. B. Longmore
*J. S. Norell
A. A. Roe
K. Scott
A. Trenhaile

Medicine

*L. P. Balfour-Lynn
P. Cook
*P. G. Dunbar
*N. B. Gillison
*E. N. McKenzie
*J. S. Norell
Pamela M. Ordish
Margaret J. Purser
T. B. Stephen
R. W. P. Yates

Surgery

*B. L. Anderson
*F. A. F. Biddle
P. D. Bowen
*W. M. S. Boyd
*R. Y. Calne
*P. G. Dunbar
*Sheila M. Forbes
R. C. Francis
*E. C. Howarth
*J. A. Jemson
K. Kelly
C. E. Lay
*G. L. Money
*F. G. M. G. Myer
*J. F. Pritchard
*J. A. Rozario
*A. D. Tuddenham
*B. A. Tudgay
*J. L. Turk
*Dorothy J. Whitney
*K. J. Zilkha

Midwifery

*B. L. Anderson
P. Cook
D. Dodshon
P. J. Frost
J. B. L. Gee
J. G. P. Hunt
R. F. N. Jones
P. Konfortion
D. E. Tunnadine

* Have completed the examination.

CHANGES OF ADDRESS

A Batty-Shaw, D.M., Bellevue Hospital, New York, 16, U.S.A.

A. J. P. Graham, M.B., B.S., F.R.C.S., P.O. Box 4458, Cape Town, S. Africa.

J. O. Laws, M.R.C.P., Department of Experimental Pathology and Cancer Research, School of Medicine, Leeds, 2, and 13, Caythorpe Road, West Park, Leeds, 6.

BIRTH

HAWKINS.—On 14th January, 1953, at the Queen Elizabeth Hospital, Birmingham, to Susan (née Fantes), wife of Clifford Hawkins, M.D.—a sister (Judith) for Michael and Jane.

MARRIAGE

LEWIS—BATTEN.—On 17th January, 1953, at Twynholm Baptist Church, Fulham Cross, Edward Claude Lewis, M.B., B.S., to Rosemary Batten.

DEATHS

OUTRED.—On 30th December, 1952, at Weybridge, Surrey, Charles Deane Outred, M.R.C.S., D.P.H., L.D.S., of Jordan Cottage, Tunbridge Wells, Kent, formerly of Gloucester, aged 76 years.

WILSON.—On 15th January, 1953, at Guy's Hospital, Roger Duncan Wilson of 136, Bromham Road, Bedford, aged 21 years.

ED. E.E.D.T.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

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PASSIM

"IN 1933 so many patients on their discharge from hospital expressed a desire to maintain their interest in Guy's and their wish to do something within their means to help the hospital that, in February that year, the Guild of Ex-Patients was established. . . . in 1948 it was decided to enlarge the scope of the work of the Guild, and invite friends of the hospital, many of whom expressed a wish to assist—thus enabling the Guild (notwithstanding post-war costs) to continue to provide those additional comforts and amenities not covered by the Health Scheme."*

Much publicity has lately been given in the lay and medical press to the recommendations of the Central Health Services' Council of the Ministry of Health in a pamphlet entitled *The Reception and Welfare of In-Patients in Hospitals.* Among the valuable suggestions set out there one, in particular, reached the headlines of the popular newspapers although it received less comment in the current medical journals : the recommendation that " whatever the routine followed, no patients apart from those receiving special treatment should have to be wakened before 6 a.m." This is a matter upon which we do not propose to comment here except to remark that those who are responsible for the organisation of this and other hospitals have been aware of such a problem for a considerable time. The fact that it should still be necessary to awaken a patient some 90 minutes earlier than his home routine would demand, is not an example of callousness on the part of hospital authorities : it is an indication of the magnitude of the administrative problem involved.

There are, however, two other matters in the report upon which some comment may be appropriate here. The suggestion is made that patients on arrival at hospital should be welcomed by someone—and stress is laid upon the right type of personality—whose duty it is to receive them in a friendly and helpful manner. There is no implication in such a statement that under present arrangements where no official receptionist is available those who do meet the new patient are anything but helpful and friendly ; nevertheless were it possible to allocate a small office and a waiting room, near the main entrance at Guy's for example, entirely devoted to the reception of patients and those who accompany them, much needless anxiety and embarrassment might be avoided. Once in the ward all is well. It is the few hundred yards

**The Guild of Ex-Patients and Friends of Guy's Hospital : Work and Progress.*

between the hospital gates and the hospital bed that are often the most lonely of all.

On the subject of Information the Council's comments are constructive and valuable. Broadly speaking the items under this heading are divided into : (1) Information about the hospital and its arrangements and (2) Information about the patient's illness. More, in their opinion, is required of both. There is in front of us as we write a small green booklet entitled, *Guy's Hospital. Information for the guidance of patients admitted to the wards of the hospital.* Each patient is given a copy on arrival and every type of enquiry likely to be made from " Barber " to " Wireless " is simply and adequately answered. Beyond a statement, in the very first sentence, that " Guy's Hospital was founded in 1725 . . . " there is little to criticize in this admirable booklet. The Council's plea under the first heading seems already to have been anticipated here.

The amount of information which may be given to a patient or his relatives about his illness is a subject on which the properly conservative attitude of a responsible hospital staff appears to have led to " a widespread feeling among patients and their relatives that they do not receive enough information either about the nature and probable course of their illnesses or about its implications for their family and business affairs." Numerous examples come to mind of those who ask constantly how long their stay in hospital will be, and who are obviously disappointed by the non-commital attitude of the junior nurse, ward clerk, or dresser from whom the news is often confidentially sought. They rarely know. On the other hand there was a determined octogenarian lady lately in the wards who complained bitterly at the end of twelve weeks that she had been told that her stay would last " two or three days " only. Who can blame her—or those responsible for her like for being excessively cautious in future ? Clearly there are many debatable points under this heading. One suggestion which might possibly bear valuable fruit would be the drawing up of a confidential forecast each week by, say, the house officer, about the probable activities of the patients under his care in the ward. The words, " Mrs. Smith will probably be discharged on Friday " or " Mr. Jones is due for operation on Wednesday afternoon " will carry just that amount of certainty sufficient to stimulate the ward clerk to have his notes completed on time, yet not enough to cause loss of face among the more senior staff should amendment prove to be necessary. Some indication of what news could safely be passed on to the patient or his relatives might also be provided there.

The reputation of any hospital is established on the goodwill of its patients. Their reception, welfare and after-care are all properly its immediate responsibility once the prime duties of treatment have been undertaken. At Guy's the Ladies' Association, the Guild of ex-Patients and Friends and other voluntary workers have long been active in promoting the welfare of those admitted to the wards. The report of the Central Health Services' Council thus serves to throw into even greater relief the value of the work they do among us, and its recommendations will be studied in the light of an already firmly established tradition.

GUY'S DIARY

FEBRUARY

		Exhibition. Surgical Department. *Goitre.*
		Exhibition. Cardiac Department. *Some Aspects of Congenital Heart Disease.* Gordon Museum.
9th	1.00.	Mr. Patrick Clarkson. Clinical Lecture. *Skin Grafting Techniques with a Note on Homologous Transplants.*
10th	1.00.	Sir Charles Symonds. Clinical Lecture. *The Neurological Aspects of Cervical Spondylosis.*
11th	4.45.	Mr. W. J. Tulley. Science Club. *Some Aspects of Orthodontic Research.* Staff Common Room (Tea 4.30 p.m.).
12th	1.00.	Mr. Grant Massie. Clinical Lecture. *A Case for Diagnosis.*
	5.00.	X-ray Meeting. Gordon Museum.
	5.00.	Mr. Murray Falconer. Neurosurgical Demonstrations. Clinical Theatre.
13th	1.00.	Dr. R. Kauntze. Clinical Lecture. *Endocarditis Lenta.*
	2.15.	Combined Round. Preclinical Classroom.
14th	10.00.	Mr. L. E. C. Norbury (Royal Free Hospital). Departmental Round. Clinical Theatre.
16th	1.00.	Dr. J. M. H. Campbell. Clinical Lecture. *Mitral Valve Disease*
17th	1.00.	Mr. H. J. B. Atkins. Clinical Lecture. *Ulcerative Colitis.*
19th	1.00.	Mr. F. N. Glover. Clinical Lecture.
	5.00.	X-ray Meeting. Gordon Museum.
20th	1.00.	Dr. K. S. MacLean. Clinical Lecture. *The Diagnosis and Treatment of Cystitis.*
	2.15.	Combined Round. Preclinical Classroom.
23rd	1.00.	Dr. R. C. Mac Keith. Clinical Lecture. *Adolescence and Some Disorders seen with it.*

INAUGURAL DINNER

GUY'S HOSPITAL SOCIETY OF SOUTH WALES & MONMOUTHSHIRE

A Dinner has been arranged for all ex-Guy's Medical and Dental Students living in South Wales, on Saturday, 14th March, 1953, at the Royal Hotel, Cardiff, at 7.0 p.m. for 7.30 p.m., at which it is intended to inaugurate a *GUY'S HOSPITAL SOCIETY* for South Wales and Monmouthshire.

Guy's men who have not already received an invitation are asked to contact Mr. G. Morwent Brown, 4, Plymouth Road, Penarth, Glam.

As we go to press we announce with regret the death of Dr. Edwin Clifford Beale, who qualified at Guy's in 1878, aged 101. He was the oldest living member of the British Medical Association.

GUY'S AT GODSTONE

Some weeks ago we made a brief announcement about the property lately purchased by Guy's Hospital and known as *Ouborough*, Godstone, Surrey.

Ouborough, Godstone. The south elevation.

The house, which we illustrate here, has been described as "an imposing structure of dignity and distinction". It lies on the southern slope of the North Downs on the main Godstone–Oxted road and close to the main route from London to Eastbourne. The accommodation includes: Dining, Drawing and Morning rooms, a Billiards room and main and inner halls. There are 20 bedrooms and nine bathrooms. Near at hand is a boating lake, a squash court and an indoor swimming pool. Various cottages and other valuable buildings are included in the 258 acres of land.

No decision has yet been reached as to the use to which this attractive acquisition will be put.

THE TOAST

Begin, sweet Maids, the NURSE'S merits tell,
And all ye Echoes with her praises swell.
Whether from fam'd Olympus leads your road
Or thymy Helicon, your lov'd abode,
Or the Parnassian heights your feet forsake,
To merry ORPINGTON your progress make.
First be your theme her amiable grace,
How good her heart is, how serene her face.
Tell next her form in lilac stole arrayed,
Her snowy cap, with tresses fair displayed,
And how in speckless apron shines the virtuous maid.
When flocks of NURSES to their Home repair,
They seem like doves winging the willing air,
Or pigeons that the sleeping child descried
And strewed with leaves on wooded Vultur's side ;
And such the team the Paphian Queen attends
When to her isle her chariot's course she bends.
Her love's to lavish on the frail and ill
(Oh, tell it Muse !) the treasures of her skill,
To soothe the sorrow, wipe away the tear,
Assuage the anguish and allay the fear.
The healing art she'll learn from you or me
And our behests obey with courteous glee.
Omnes eodem cogimur—the urn
To each and all shakes out the lot in turn.
If the gods will, good sir, 'tis you and I
Shall bless her ministrations ere we die.
Our friend is she, alike at work or play :
Hers was the summons to this feast today.
My fellow guests, your glasses now employ :
I give the toast that brings an annual joy,
The NURSE ! who loves no power, who seeks no wealth,
The best of women—Sirs, the NURSE'S health !

—H.St.H.V.

Stole, L. *Stola*, a woman's dress. Poetic subs.

HOCKEY CLUB ANNUAL DINNER

Following the Annual Past *v.* Present match, in which the Past XI defeated the Present XI by five goals to four, the Annual Hockey Club Dinner was held.

Mr. A. D. Marston, the President of the Club, and many of the present and past members attended, and it proved to be a most enjoyable evening. The club looks forward to the repetition of the event next year.

York Clinic : A Note on Re-Admissions

(From work in progress)

By MOYA WOODSIDE,

Research Psychiatric Social Worker

WHILE preparing the material for tabulation for the 3-year analysis of York Clinic admissions, the number of patients who had been admitted more than once, and the reasons for their re-admission, seemed large enough to merit some study.

The question has been briefly discussed in the writer's forthcoming paper : " What Happens to Psychiatric Patients ", *Guy's Hospital Reports*. There, however, it is presented in relation to exclusions from follow-up (patients are only written to 12 months after their last discharge) and no detailed analysis was undertaken of diagnostic or social categories which might characterize this re-admitted group.

Definition of Re-admission.

For the purpose of York Clinic study, a re-admission has been defined as two or more admissions at any time during the patient's clinic history. For example, a patient may first be admitted in June, 1949 (Year I), re-appear in January, 1950 (still Year I), and then remain well for over two years until he or she comes in again in March, 1952 (Year III). Or a patient may have been admitted in 1945 or 1946, with no subsequent contact till a second admission takes place, say in July, 1951 (Year III of the statistical study). All re-admissions are separately counted, however short the interval between and whatever the reason which occasioned discharge, e.g., a patient who may be transferred for neurosurgery and returned some 10 days or two weeks later.

The following table shows the number of patients in each year of the study who had more than one admission to the Clinic.

Table I

York Clinic : Relationship between Re-admissions and Total Admissions

	Re-admissions		*Total Admissions*	
	Nos.	%	*Nos.*	%
Year I (1.4.49—31.3.50) ..	42	14·3	294	100
„ II (1.4.50—31.3.51) ..	36	12·0	299	100
„ III (1.4.51—31.3.52) ..	40	14·3	280	100

This gives an average re-admission rate of 13% over the three years. It is not known how this may compare with other departments of Guy's Hospital ; but figures from Maudsley Hospital for the calendar year 1950, which have kindly been made available by Dr. C. P. Blacker, show re-admission rates of nearer 50% (adult in-patients only). The reasons for this apparently large difference have yet to be investigated. So far as York Clinic is concerned, one can only say that the lower rate would not appear due to former patients being admitted elsewhere. Information derived from the follow-up shows that although some 8% of patients have to be directly transferred to mental hospitals, the number of those admitted to other hospitals in the year following normal discharge from York Clinic is so small as to be insignificant. Some

patients, of course, may require a further course of electrical treatment or continued psychotherapy, both on an out-patient basis, but their condition is not severe enough to warrant a re-admission.

CLINICAL AND SOCIAL MEANING OF RE-ADMISSIONS.

At first glance, re-admission suggests relapse and/or failure of treatment. While this is undoubtedly so in a proportion of cases, there are certain features peculiar to psychiatric disorder which, when understood, modify the statistical picture. The most important of these is the recurrent and cyclical nature of manic-depressive illness and its known probability of relapse. Patients suffering from this type of illness make up over one-third of all admissions to the Clinic, so it is only to be expected that sooner or later, some of them will need to be re-admitted. Then, too, modern methods of treatment have led to a bolder policy of discharge, and partially-cured patients are encouraged to complete recovery under supervision at home. A few may fail and have to return, as do also some of those who take their own discharge before it is medically advisable.

Another psychiatric group contributing a good share of re-admissions to York Clinic is that of pathological personality (including psychopaths and alcoholics). The character disorder of these patients is usually deep-seated and long-standing. While treatment can alleviate and help, and admission often rescue the patient from some social crisis, it is not to be expected that a few weeks or months of psychotherapy, with or without physical measures, can bring fundamental alteration in the patient's personality structure. Nevertheless, this group is of very great interest from the psychopathological standpoint, and for the light which study of such patients throws on the problems of society they create.

The third diagnostic group figuring largely in re-admissions is obsessive-compulsive disorder. This distressing illness is characterized by chronicity, and in some cases it may become so progressively incapacitating that leucotomy offers the only hope of relief. Table II, listing all re-admissions by diagnosis over the three-year period of the study, shows how these three groups predominate. The coding used is that of the International List of Diseases (1947).

TABLE II

YORK CLINIC: RE-ADMISSIONS BY DIAGNOSIS

Diagnostic Group		*Year I*		*Year II*		*Year III*	
		Nos.	%	Nos.	%	Nos.	%
301	Manic-Depressive ..	22	53	20	55	23	57·5
320·3	Path. Personality ..	5	12	3	8	1	2·5
322	Alcoholism	4	10	1	3	4	10
312	Obsess.-Compulsive ..	3	7	1	3	4	10
316	Neurosis (Som.) ..	3	7	2	5·5	1	2·5
300	Schizophrenia	2	5	1	3	—	—
308	Organic Psychosis ..	1	2	—	—	2	5
310	Anxiety States	1	2	3	8	2	5
311	Hysteria	1	2	1	3	—	—
302	Involut. Melancholia ..	—	—	2	5·5	1	2·5
303	Paranoia	—	—	1	3	2	5
304	Senile Psychosis ..	—	—	1	3	—	—
	TOTAL Nos.	42		36		40	
	%		100		100		100

Re-admissions have also been analysed by Health Service category, giving the following result :

TABLE III

	Private Patients	*H.S. Patients*	*Total*
Year I	26	16	42
Year II	21	15	36
Year III	21	19	40

The gradual approximation of the two categories will be noted. Until complete tabulations of the study are available, it is difficult to say what social or administrative significance (if any) may be attached to these figures.

MULTIPLE RE-ADMISSIONS.

Of the total 118 patients re-admitted during the three-year period, 32 have been admitted three or more times. This small sub-group is preponderantly composed of manic-depressive patients (18). Their sad familiar faces haunt the clinic, in and out at decreasing intervals, till a leucotomy operation (after all other measures have been tried) is recommended to bring more lasting relief. To this manic-depressive group may be added three obsessive-compulsive patients whose fate has been somewhat similar. And the third type of patient well-known in the Clinic is the colourful psychopathic personality (4). There is no differentiation in respect of sex : males and females appear in equal numbers (16 : 16).

CAUTIONARY LAST WORD.

The psychiatric in-patient unit in the general teaching hospital is one of the most recent developments in medical care (York Clinic, the first to be established in this country, is less than 10 years old). Admissions to such a unit are governed by very many selective factors, some social, some clinical (e.g., cases of interest for teaching, psychiatric emergencies from the general wards, nursing facilities available). In consequence, the patient population cannot be directly compared either with that of a specialized post-graduate psychiatric teaching hospital such as Maudsley, or with the ordinary mental hospital. No conclusions should therefore be drawn from any data presented in this note as to the relative incidence of different types of mental disorder in the community. Not should an unduly gloomy view be taken of the outcome of treatment for particular illnesses : this analysis only concerns itself with the unfortunate 13% of patients who relapsed and had to be re-admitted. At a later date, it is intended to present a complete picture of the Clinic's experience, and its function in relation to the general hospital.

ACKNOWLEDGMENT.

I wish to thank Mr. H. E. Mellows, A.H.A., Financial Secretary, York Clinic, for his continuing assistance with tabulations and statistical procedure.

CORRESPONDENCE

LETTERS TO THE EDITOR OF THE "GAZETTE"

Residents' Plays

SIR,—It has been felt for some time that a record should be kept of past Residents' Plays. An attempt is now being made to collect the scripts, songs, and if possible music of past performances. Dr. Campbell has kindly agreed that they should be kept in the Wills Library. If any Guy's men have scripts and programmes of previous plays it would be greatly appreciated if they could be sent to Michael Hall at Guy's.

Yours, etc.

GEOFFREY HAMMOND.
MICHAEL HALL.

Reports of Rugby Games

SIR,—I write this letter with no complaint of the recent performances of the Guy's XV, which appears to be enjoying a more successful season than for several years past, in so far as one can glean by scanning the weekly list of rugby club results as published in the Sunday papers. But the Hospital *Gazette* has omitted to include any reference to the Rugby Club in the last three numbers, although a page and a half is given to the doings of other Guy's teams, the soccer club even obtaining notice of the 3rd eleven.

Surely rugby at Guy's is one of the Hospital's greatest heritages, for the club is the oldest in the country having passed its centenary some years ago before any other club, and also it is the only game played by the Hospital in which we can claim to be in the top class and able to provide players for international teams, as we have done from time to time at regular intervals since 1870 or '80. It was with mixed feelings of gratification to read of three Guy's men playing in England's final trial at Twickenham early this month, for one of these never played for the Hospital in his student days, and a second is playing for another club although his name recently appeared in an intermediate Pass List in the *Gazette*. To many like myself who are not in the know, this certainly seems strange, especially when coincident with the complete absence of any mention of the game in the *Gazette*.

In the past the *Gazette* regularly published a fixture list at the beginning of each season, which I always retained and checked as the results came in, and which at times enabled me to see a game or two if I happened to be in town. Also the current accounts of games always included a list of those playing in the team, and the season concluded with a general summary. Nowadays Old Guy's men are left almost in the dark.

Recently it was announced that the *Gazette* ran into over 4,000 copies. There must be very many of this number like myself who have unfortunately outlived most direct connections with the Hospital in that their teachers have all departed and many of their contemporaries are now doing the same, as evidenced by the recent death of "Potty" Medlock of delightful memory. To these it is perhaps difficult to appreciate fully many of the reports of lectures and diaries when one does not know the author, and I feel that more space might be given to reports of the rugby club, which will always be one of the prides of old Guy's men. After all we have the *Guy's Hospital Reports* for technical subjects.

As things are at present, one cannot but feel that this club is much out of favour with students of today. On behalf of old Guy's men—who must outnumber present-day students by large numbers—I ask that this may be rectified, at least in the *Gazette* ; and may we also

have a list of the Cup-Tie draw before it is too late.

I would also ask other old Guy's men who feel as I do to drop a line to the Editor in my support and not leave me alone in the wilderness.

Yours, etc.,

97, St. Stephen's Road, Canterbury.

H. STEWART WACHER.

EDITOR'S NOTE :

The GAZETTE *has never withheld from publication any report on rugby games received during the present season. The absence of such reports and other information about the Rugby Football Club in recent issues of the* GAZETTE *is a matter for general concern, and we offer apologies to our readers.*

REVIEWS

GUY'S HOSPITAL REPORTS

VOLUME 101, No. 4, 1952

The year 1951 saw the completion of 100 volumes of the *Guy's Hospital Reports*. Mr. Brock opens the present issue with a history of *The Reports*, which sets the background to the articles which follow. This " goldmine of clinical, scientific, historical and biographical information " is unique among hospital organs in this country for its long tradition, unbroken by two world wars, and for its survival as a quarterly journal since 1921, at the instigation of Hurst. In the *Reports* are contained many of the writings of the medical giants of the past and, although the original accounts of Bright's disease and of Addison's disease were published elsewhere, many contributions to the study of these diseases have appeared in the *Reports* subsequently.

In the present issue, two further studies of adrenal cortical disorders are added to the list initiated by Addison. In one of these Dr. Thorne describes two cases of Cushing's syndrome associated with carcinoma of the bronchus, and reviews 15 other cases from the literature in which the syndrome has been associated with carcinomata of non-endocrine organs. These findings, together with the recent isolation of abnormal steroid matabolites from the urine of patients with Cushing's disease and with malignant tumours, raise the important question whether adrenal cortical hormones are potentially carcinogenic. In another article, Dr. Laws describes two cases of Simmonds' disease which emphasise that adrenal insufficiency may occur, not only primarily, but also as a secondary manifestation of hypopituitarism.

Dr. Enticknap carries on the Nicholson tradition of tumour studies with an analysis of a hospital series of 1,000 cases of cancer. Bronchial carcinoma, he concludes, is the commonest primary growth, and gives rise to more widespread dissemination than almost any other tumour.

One of the advantages of the *Reports*, says Mr. Brock, is that it gives an opportunity for the publication of medical theses and of historical medical studies. Thus Dr. Batty Shaw contributes a history of the study of tuberculosis among Medical Students and Nurses, which comprises also the evolution of our knowledge of the ætiology of the disease, from the " diathesis " theory of the Hippocratic school to the discovery of its infectious nature.

Finally, Mr. Austin Brown reviews the results of 70 cases of fracture of the femoral neck treated with the Smith-Petersen nail. The results of this treatment are satisfactory in just over two-thirds of cases, and compare favourably with those of other series. No good reason is seen for abandoning this operation in favour of replacement of the femoral head with an acrylic prosthesis. R.R.deM.

Organic Chemistry for Medical, Intermediate Science and Pharmaceutical Students. 3rd Edition. By A. KILLEN MACBETH. Longmans, Green & Co. Ltd. *Price* 12*s.* 6*d.*

In the preface to this new edition of an obviously popular book (it has been reprinted five times in the last ten years) the author states that as a result of advances in organic chemistry, development has become possible in teaching the subject. It is disappointing, therefore, to find that no reference is made to the electronic theory, either to explain certain structural peculiarities or to throw light on the stability of organic compounds and their mechanism of reaction. In some cases, too, outmoded and incorrect structures have survived from the previous edition (1931) and some of the nomeclature strikes the reviewer as old-fashioned.

The order of treatment follows the classical system, with aromatic compounds relegated to chapters of their own, even though the author apparently does not consider this system the most suitable for his lectures. The subject matter is, however, clearly set out and easily read. Graphic formulæ are prolific and well printed.

The chemistry of natural products is condensed into one chapter, and the treatment of proteins in particular seems a little brief. An interesting and unusual inclusion in an elementary book are short sections on alkaloids and terpenes. The description of the monosaccharides has been reprinted virtually unchanged, including the apparently simple, but misleading projection formulæ. Treatment of di- and poly-saccharides, however, is new and well written, employing the more realistic modern ring formulations.

Interesting details of the structures and manufacture of numerous drugs have been inserted throughout the text, giving a bias towards the interests of medical students. There is an instructive chapter on chemotherapy.

The author points out that the book is intended to supplement and not supplant a course in organic chemistry. Purchased with this objective, it contains a surprising amount of information, adequately cross-referenced and well indexed. It is, furthermore, of convenient size and good value.

I.G.A.

Chemical Induction of Cancer. By GEORGE WOLF. 250 pages, 5 plates. Cassell & Co. Ltd., London, 1952. *Price* 17*s.* 6*d.*

This readable little book deals with the production of tumours by chemical agents introduced into the body from outside and so is largely a record of experimental carcinogenesis. Chapter V, on biogenetic relationships, does contain some theorising on human tumours and the two appendices, the first on some chemical carcinogens and the second on the possibility of tumour chemotherapy, also mention them in passing, but the bulk of the text deals with artificially induced tumours in laboratory animals.

The general plan of the book is to describe what is known of the structure, mode of action and effective conditions of carcinogenic agents and this is accomplished as well as the small size of the book allows. The complicated organic chemistry is clearly explained and such terms, even as "addition reaction" are defined. There are short sections on the effect of sex, age, heredity, diet and species differences on tumour induction and a long chapter on the methods used in this science.

The discussion of co-carcinogenesis is particularly good and the recurrent stress on the inhibitory properties of tumour inducing compounds puts them into better perspective than some textbook reviews. Apart from these features, however, the theme is at times difficult to follow and the chapters would benefit from a summary of the author's personal opinions. There is about one reference to a page but I could only find five of these to be dated 1950 and, despite its recent publication, there are none of a later date. The practice of omitting authors' initials from the citations should be remedied in future editions. The book should prove useful as a short review of this subject but there will be few occasions when the medical student will need to refer to it.

J.B.E.

Annual Dental Clinical Meeting

SATURDAY, 7TH MARCH, 1953

PROGRAMME

Morning Session (10 a.m.—12 noon)

PHYSIOLOGY LECTURE THEATRE (Medical School) at 12 noon.

"Some Lesions of the Oral Mucosa" .. .. .. Professor R. V. Bradlaw

DENTAL LECTURE THEATRE (Old Pathology Block at the back of the Dental School)

11.30 a.m.
Colour Film of "Combined maxillo-osteotomy with closure of the palatal cleft by tube pedicle" .. .. .. Mr. Patrick Clarkson

THEATRE No. 3

10 a.m. Resection of the symphysis of the mandible for prognathism using an intra oral approach .. .. Mr. Patrick Clarkson
Anæsthetist : Dr. P. J. Helliwell
11.30 a.m. An external approach to the mandible .. Mr. S. H. Wass
Anæsthetist : Mr. P. J. Helliwell

THEATRE No. 4

10 a.m. Removal of Impacted Third Molar .. .. Mr. R. O. Holland
Anæsthetist : Dr. A. M. Hutton
11.30 a.m. Cyst in Ramus of Mandible .. .. .. Mr. N. L. Eckhoff
Anæsthetist : Dr. W. S. McConnell

CLINICAL THEATRE

10 a.m. Minor Operations under Nitrous Oxide Anæsthesia Mr. A. R. Thompson
Anæsthetist : Dr. W. S. McConnell

DENTAL DEPARTMENT

Ground Floor

X-RAY DEPARTMENT

Interesting Radiographs .. .. Dr. F. L. Ingram

DEPARTMENT OF PREVENTIVE DENTISTRY

Bacteriological Exhibits .. .. Mr. A. Bulleid and Mr. C. W. T. Shuttleworth

Demonstrations of methods of elimination of the periodontal pocket .. .. Mr. R. D. Emslie
The topical application of sodium fluoride—a pilot study .. Mr. E. McK. Sycamore
A display of colour transparencies .. .. Mr. B. W. Pett
The use of the osmoscope for the measurement of mouth odours .. .. Mr. P. J. Hill

First Floor

DENTURE ROOM AND PROSTHETICS LABORATORY

Clinical Cases of interest .. .. Professor H. R. Fenn
Recent Techniques in Obturators .. .. Mr. R. D. Gain
Alveolectomy .. .. Mr. M. Malleson
Palate-less upper Dentures .. .. Mr. P. B. *Morris*

HISTOLOGY LABORATORY

Use of Colour Photography in the teaching of Histology .. Mr. Dudley of the Histology Laboratory

DEPARTMENT OF DENTAL MEDICINE

Pathological Specimens and Sections .. .. Professor M. A. Rushton and Mr. B. E. D. Cooke
Analysis of Chalky Enamel .. .. Mr. M. V. Stack

DENTAL PHOTOGRAPHIC DEPARTMENT

Exhibition of Colour Transparencies and Monochrome Prints of Clinical and Technical interest .. .. .. Mr. A. D. Robinson and Miss B. Whiteley, Photographer

Second Floor

DEMONSTRATION ROOM

An average Morning Clinic .. .. Mr. G. B. Pritchard

CLINICAL ROOM

Minor Oral Surgery .. .. Mr. J. W. Mansie

CUBICLE 3 AND 4

Amalgam restorations .. .. Mr. A. D. Robinson
The self polymerising resins, as filling materials .. .. Mr. G. F. Thompson

PROFESSOR'S ROOM

Operative Dental Surgery .. .. Professor W. E. Herbert

CONSERVATION ROOM

Bridge abutment preparation using pin retention .. .. Mr. W. A. Vale (in his room)
The Relief of Pain .. .. Mr. S. P. Johns
Mechanical Amalgamation .. .. Mr. R. J. Hart
Indirect Inlays .. .. Mr. A. H. R. Rowe
Methods of restoring the grossly carious molar .. .. Mr. A. A. Robinson
Jacket Crowns .. .. Mr. K. S. Sunaway and Mr. J. D. Haworth
Enamel margins in Cavity preparation .. .. .. Mr. P. T. Grimer
Exhibition of Students' Work.

CHILDREN'S DEPARTMENT

Orthodontic Cases under treatment will be shown by :
Mr. R. E. Rix, Mr. K. E. Pringle, Mr. W. J. Tulley, Mr. H. Richards, Mr. M. A. Kettle, Mr. A. C. Campbell and the Orthodontic Assistants.
Oral Pathology in Children .. .. Mr. W. J. Tulley and Mr. A. C. Campbell
Open Bite. Aetiology, Prognosis and Treatment .. .. Mr. W. J. Tulley
Undergraduate Teaching Methods .. .. Mr. H. Richards

AFTERNOON SESSION (2 p.m.—4 p.m.)

THEATRE No. 3

2.30 p.m. An Operation .. .. Mr. K. Hooper
Anæsthetist : Dr. A. W. Hind

THEATRE No. 4

2.30 p.m. Surgical preparations of the mouth for dentures Mr. H. H. Kenshole
Anæsthetist : Dr. D. M. Carnegie

DENTAL DEPARTMENT

Ground Floor

X-RAY DEPARTMENT

Interesting Radiographs .. .. Dr. F. L. Ingram

DEPARTMENT OF PREVENTIVE DENTISTRY

Bacteriological Exhibits.. .. .. Mr. A. Bulleid and Mr. C. W. T. Shuttleworth
Demonstrations of methods of elimination of the periodontal pocket .. .. Mr. R. D. Emslie
The topical application of sodium fluoride—a pilot study .. Mr. E. McK. Sycamore
A display of colour transparencies .. .. Mr. B. W. Pett
The use of the osmoscope for the measurement of mouth odours .. .. Mr. P. J. Hill

First Floor

DENTURE ROOM AND PROSTHETICS LABORATORY

Clinical Cases of interest .. .. Professor H. R. Fenn
Prosthetic Diagnosis .. .. Mr. A. Rand
Surveying in relation to partial Denture design .. .. Mr. G. F. Dyer

HISTOLOGY LABORATORY

Use of Colour Photography in the teaching of Histology .. Mr. Dudley of the Histology Laboratory

DEPARTMENT OF DENTAL MEDICINE

Pathological Specimens and Sections .. .. Professor M. A. Rushton and Mr. B. E. D. Cooke
Analysis of Chalky Enamel .. .. Mr. M. V. Stack
3 p.m.—Professor Rushton will project colour transparencies of cases sent to the Department of Dental Medicine by practitioners during 1952.

DENTAL PHOTOGRAPHIC DEPARTMENT

Exhibition of Colour Transparencies and Monochrome Prints of Clinical and Technical interest.. .. .. Mr. A. D. Robinson and *Miss B. Whiteley, Photographer*

Second Floor

Clinical Cases of interest will be shown by members of the Dental and Surgical Staff.
Clinical Cases of Dental interest will also be shown by Dr. L. Forman, Physician in charge of the Skin Department.

DEMONSTRATION ROOM

Clinical Cases.

CUBICLE 3

Removal of Impacted Teeth with Local Anæsthesia .. Mr. C. I. Hagger

continued overleaf

PROFESSOR'S ROOM

Clinical Cases	Professor W. E. Herbert

CONSERVATION ROOM

Bridge abutment preparation using pin retention	Mr. W. A. Vale (in his room)
Mechanical Amalgamation	Mr. R. J. Hart
Post Crowns	Mr. R. E. Feaver
Indirect Inlays	Mr. A. H. R. Rowe
The Relief of Pain	Mr. S. P. Johns
Methods of restoring the grossly carious molar	Mr. A. A. Robinson
Jacket Crowns	Mr. K. S. Sunaway and Mr. J. D. Haworth
Enamel margins in Cavity Preparation	Mr. P. T. *Grimer*
Exhibition of Students' Work.	

CHILDREN'S DEPARTMENT

Orthodontic Cases under treatment will be shown by :
Mr. R. E. Rix, Mr. K. E. Pringle, Mr. W. J. Tulley, Mr. H. Richards, Mr. M. A. Kettle, Mr. A. C. Campbell and the Orthodontic Assistants.

Oral Pathology in Children	Mr. W. J. Tulley and Mr. A. C. Campbell
Clinical Cases of Orthodontic interest	Mr. K. E. Pringle
The Relation of Incisor Spacing to the Labial Frænum ..	Mr. M. A. Kettle
Some Aspects of Conservative Dentistry in Children ..	Mr. A. C. Campbell

Tea will be served on the first floor of the Dental Department at 3.45 *p.m.*

SPORT

RUGBY CLUB

FIXTURE LIST

FIRST XV

Date	*Ground*	*Opponents*
February		
7th	H.O.P... ..	Coventry.
14th	Dulwich ..	Old Alleynians
21st	H.O.P... ..	Aberavon
28th	Exeter	Exeter
March		
7th	H.O.P... ..	London Welsh
14th	Thornton Heath	Streatham
21st	Gloucester ..	Gloucester
28th	H.O.P... ..	Llanelly
April		
4th	Richmond ..	Richmond

UNITED HOSPITALS' R.F.C.

CHALLENGE CUP

ROUND I

Feb. 3 (a) St. Bartholomew's *v.* St. George's.
„ 5 (b) Charing Cross *v.* University College Hospital.
„ 10 (c) King's *v.* Westminster.

ROUND II

Feb. 12 St. Thomas's *v.* Guy's.
„ 17 St. Mary's *v.* Winner of (a).
„ 19 London *v.* Winner of (b).
„ 24 Middlesex *v.* Winner of (c).

Semi-Finals on March 3rd and 5th.
Final March 18th.
All matches Richmond Athletic ground at 2.45 p.m.

RUGBY FOOTBALL

Guy's *v.* O.M.Ts.

Away. Result : Won 13—6
3rd January, 1953

Guy's quickly opened the scoring when James fielded a feeble kick for touch by their full back, neatly side-stepped two men and scored beneath the posts for Smith to convert. Guy's maintained the pressure and some ten minutes later Fairweather charged down a kick and dribbled the ball to the line for Kirkbride to score. Smith again converted. The Hospital forwards maintained adequate control of the game for the rest of the half but O.M.Ts. obtained the only other score of that half when a centre intercepted a loose pass and ran 50 yards to score an unconverted try.

The opening of the second half was heralded by a blinding snow storm which swept straight down the pitch into the faces of the Guy's men, With it came a sustained attack by the O.M.Ts. which, aided by some very poor kicking by the Guy's backs, kept play in the Guy's 25 for the next twenty minutes. The defence, however, was sure until a dropped pass over the line gave O.M.Ts. their second try. But almost immediately Guy's replied with a 40-yard penalty goal kicked by Pook, much to the amazement of his colleagues. After this Guy's swept both opponents and snow before them, ending the game with rousing attacks on the O.M.Ts. line

Guy's *v.* Wasps

Away. Result : Lost 5—0
10th January, 1953

The most appalling conditions faced the Guy's side when they visited Sudbury on the morning after the Clubs' Union Ball. The pitch was merely a sea of mud. These conditions dictated the course of the game which after one or two attempts at three-quarter movements settled down into a forward battle. But in the few minutes that the jerseys were recognisable the Wasps scored when a cross kick from scrum half found an unmarked centre under the Guy's posts. Although the Guy's forwards tried hard to dictate the play, the heavier and well organised Wasps pack held their own and outside the scrum we had nothing to compare with the superb kicking of Sykes from the base of both scrum and line out. The entire game was spent in a mid-field wrestle in the mud with neither pack being able to gain enough of the ball for their backs to get anywhere near their opponents' line. Both sets of forwards apparently enjoyed it but it was a dismal afternoon for three-quarters and spectators alike.

Guy's *v.* Devonport Services

Away. Result : Won 10—6
24th January, 1953

Guy's quickly settled down and with orthodox three-quarter movements soon dominated the game in the first half. The defence of the Services' backs was cut to ribbons on numerous occasions by the powerful running and accurate passing of Hawley and Hackett in the Guy's centre, but the speed and magnificent covering of their forwards kept Guy's at bay. But such continuous pressure was not to be denied and after twenty minutes Glendinning broke away to put Pook over for a try. Howells converted. Although Guy's continued to attack, much to the surprise of the spectators this was the only score in the first half.

In the second half the Services' forwards settled down to playing the traditional West Country game of foot rushes, and the game became much more even mainly due to the inability of the Guy's forwards to gain possession of the ball. Eventually the Guy's backs fumbled a kick ahead and the Services' forwards obtained an unconverted try. But Guy's quickly replied when Hackett burst through the centre to score under the posts. Howells converted. Although the Services obtained a penalty goal later, during one of their sporadic raids into the Guy's territory, this try was the turning point of the game, the result never again being in doubt. Indeed it says much for the Services' defence that Guy's had to be satisfied with ten points from this game.

Team : Duff ; Kingston, Hackett, Hawley, Thomas ; Howells, Knight ; Fairweather, Craigen, Wilson, Pook, Meredith, Honey, Kirkbride, Glendinning.

Guy's *v.* Paignton

Away. Result : Won 6—3
26th January, 1953

A rather depleted and strange Guy's side took the field for the second match of the Devon tour and it soon became obvious that the excellent hospitality of R.N. barracks was having its effect on the standard of rugger played. Guy's were more effective behind the scrum but the Paignton forwards controlled the loose so well that the Guy's half-backs were continually forced to kick for touch, and it came as no surprise when Paignton took the lead with a drop goal. This, however, cleared a few befuddled heads on the Guy's side and play was carried into the home side's 25. There it stayed and eventually Guy's equalised with a penalty goal kicked by Howells.

The second half was much the same story with the forwards winning the ball, but the half-backs being unable to get away from the Paignton forwards and the draw seemed inevitable. But just before the final whistle, Hackett cut through in the centre and ran thirty yards before handing on to Jones who scored a magnificent try in the corner.

Guy's were thus able to record their first victory over Paignton since the war.

Team : J. Duff ; J. Kingston, J. Kirkbride, W. Hackett, E. O. James, W. J. Howells, R. Knight ; D. K. Fairweather, A. A. Craigen, C. T. M. Wilson, A. Van den Berg, C. W. Pook (Capt.), D. P. Honey, H. Meredith, N. Glendinning.

LADIES' HOCKEY

1st XI *v.* London School of Economics

At H.O.P. Result : Lost 3—4
21st January, 1953

The Semi-Final of the Ladies' Inter-Hospitals' Hockey Cup will be played on Wednesday, 18th February, *v.* St. Bartholomew's Hospital, at H.O.P., 2.30 p.m.

HOSPITAL INFORMATION

ROYAL COLLEGE OF SURGEONS OF ENGLAND

Diploma in Anæsthetics

D. W. J. Cullingford

FACULTY OF RADIOLOGISTS

Fellowship

P. M. Davies

PASS LIST

UNIVERSITY OF LONDON

Second Examination in Dental Surgery: Part I

December, 1952

N. B. Athill	D. C. Lee
N. W. V. Bryan,	G. L. Lyne
W. H. Gibson	K. J. Morison
J. F. Groves	D. A. Rees
Annie Hanegraaff	I. W. Torry
H. D. A. Hope	P. B. Webb

Second Examination in Dental Surgery: Part II

December, 1952

A. S. Baker	J. A. T. Kamps
C. J. Booth	C. B. G. Major
A. N. Greenwood	J. Metcalfe
Shirley A. Hutchinson	Annette F. P. Pountain

Third (B.D.S.) Examination in Dental Surgery

December, 1952

Honours

D. H. MacLeod (Distinguished in Surgery and Pathology and Bacteriology).

G. Maggs (Distinguished in Dental Surgery and Orthodontics).

N. H. Reeves (Distinguished in Medicine).

Pass

C. H. Dexter	R. H. Pownall
A. Gibson	R. W. Willcocks

Supplementary Pass List

The following students have passed in Group I

F. Allan	R. C. Jeffery
D. J. Chant	I. L. Thomas
Margaret F. Gill	

SOCIETY OF APOTHECARIES OF LONDON

Final Examination

January, 1953

Surgery

R. G. Orr	*J. V. Parson

Pathology, Bacteriology and Forensic Medicine

L. F. Brunt	G. J. John

Medicine

*J. V. Parson

*Has completed the examination.

APPOINTMENT

K. M. Hume appointed Assistant Chest Physician to the Cardiff Hospital Management Committee.

CHANGES OF ADDRESS

J. Campbell-Walby, B.D.S., L.D.S., 2, Cross Path, Northgate, Crawley, Sussex. Tel. Crawley 1461.

P. S. Carton-Kelly, M.R.C.S., L.R.C.P., The Priory, Stretton Sugwas, Hereford.

W. B. D. Maile, M.D., M.R.C.P., 193, Tolworth Rise, Surbiton, Surrey. Tel. Elmbridge 7929.

G. F. Wilcox, L.D.S., 155, Friern Barnet Lane, Whetstone, N.20. Tel. Hillside 8644.

PAPERS BY GUY'S MEN

Bishop, P. M. F. The Clinical Use of Progesterone. *Practitioner*, 1953, **170**, 83.

Blachford, R. D. Suppurative Arthritis in the Aged. *Lancet*, 1953, i, 26.

Besterman, E. M. M., and others. Rheumatic Pericarditis. *Brit. Heart J.*, 1953, **15**, 29.

Campbell, A. M. G., and others. Two Cases of Cytomegalic Inclusion Encephalitis. *Arch. dis. Childh.*, 1952, **27**, 507.

Camps, Francis. Rex v. Bonnyman. *South Afr. med. J.*, 1952, **26**, 1039.

De Mowbray, R. R., and Bishop, P. M. F. A.C.T.H. in Diagnosis of Adrenal Insufficiency (Thorn Test). *Brit. med. J.*, 1953, i, 17.

Doubleday, F. N. The Mode of Action of Local Anæsthetic Drugs. *Minerva Stomatologica, Turin*, 1952.

Earl, C. J., El Hawary, M. F., Thompson, R. H. S., and Webster, G. R. Blood-Pyruvate Levels in Subacute Combined Degeneration of Cord. Effect of Vitamin B_{12} Therapy. *Lancet*, 1953, i, 115.

Eckhoff, N. L. Photography in Plastic Surgery. *Med. biol. illus.*, 1952, **2**, 240.

Enticknap, J. B. Biopsy of the Left Auricle in Mitral Stenosis. *Brit. Heart J.*, 1953, **15**, 37.

Fry, John. Effects of a Severe Fog on a General Practice. *Lancet*, 1953, i, 235.

Fry, John. The Acute Chest in General Practice. *Brit. med. J.*, 1953, i, 68.

Hawkins, C. F. Some American Impressions. *Bgham. med. Rev.*, 1952, **17**, 365.

Herbert, W. E. An Unusual Discoloration of the Crown of a Central Incisor following Trauma. *Brit. dent. J.*, 1953, **94**, 42.

Mac Keith, R., and another. The Comparative Efficiency of Various Techniques for the Diagnosis of Threadworm Infection. *Arch. dis. Childh.*, 1952, **27**, 526.

McKeown, Thomas, and others. An Examination of the Work of Local-Authority Child-Welfare Clinics. *Lancet*, 1953, i, 88.

Mayer, J. H., and another. Clinical Trial of T.B.3 in Surgical Tuberculosis. *Brit. med. J.*, 1953, i, 189.

Nightingale, A. The Use of Veall-Vetter Gamma-Counting System for FE^{59}. *Brit. J. Radiol.*, 1952, **25**, 669.

BIRTHS

CHASE.—On 29th January, 1953, at "Claremont", Tinwell Road, Stamford, Lincs, to Peggy (née Wilson), wife of Dr. G. H. G. Chase—a son.

CRAIG.—On 23rd January, 1953, at the Bristol Maternity Hospital, to Jean (née Simpson), wife of R. A. Craig, M.D.—a son.

DAVIES.—On 15th January, 1953, at Nuffield House, Guy's Hospital, to Muriel (née Plested), wife of Gwyn Davies, M.B., B.Ch.—a son (Geoffrey Peter).

FARRELL.—On 22nd January, 1953, at Guy's Hospital to Pamela (née Fletcher), wife of R. H. Farrell—a son (Nigel).

ROE.—On 21st January, 1953, at Guy's Hospital, to Peggy (née Webb), wife of A. A. Roe—a son (Jack), brother for Maureen.

ED. E.E.D.T.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXVII. No. 1685 21st February 1953 *One Shilling*

PASSIM

Honourable Scars

BEFORE our next issue appears the new list of house appointments will have been published. There would be nothing specially remarkable about that at any other time. This year there is a difference. The new house officers, some of whom will have passed their final examinations since January 1st, provide tangible evidence of the " Intern Year " in being. From now onwards full registration as a qualified practitioner is deferred until the completion of a year's satisfactory executive service in the wards.

There are some who would represent these unregistered qualified physicians and surgeons as men and women nursing within themselves resentment of a system which, before the completion of a definite limited curriculum, has now imposed an additional year to the tally. They would be wrong. That there is an element of unfairness is undeniable. This is particularly apparent in the case of the older married students who had, doubtless, planned the year after qualification to be enjoyed in a setting different from that now imposed upon them at the eleventh hour. How many of those who feel cheated in this way would, in fact, have applied in any case for a house appointment at a hospital is a matter of conjecture. Yet it is a question which may fairly be asked not only of those who now undertake their compulsory year, but also of others whose final examinations may still seem comfortably remote.

It may, indeed, be argued that under the present plan a man who might have been prepared to wait a few months after qualification until a suitable appointment fell vacant, is now compelled to take whatever is going because, by every month of waiting, registration is correspondingly deferred. Hospital and houseman alike may suffer thereby.

But these are speculations which are not likely to prove to be important realities in the event. Experienced practitioners have never regretted a year's house appointments. That these appointments are no longer voluntary is to be deplored only in so far as every infringement of personal liberty of choice in such matters may be construed as a threat to the value of a final examination.

But personal liberty is not at stake. What is, and has always been, at stake is the efficiency of the service which the profession as a whole can extend to its patients. If, as is evident, this service can be improved by the addition of the " Intern Year ", then resentment is quite impossible to justify. The slings and arrows of what now seems an outrageous fortune will, of course, leave their marks. But they will be honourable scars.

At the meeting of the *Gazette* Committee on February 10th Mr. P. S. Boulter was elected assistant editor by a unanimous vote. Mr. Boulter is already well known in the hospital. He was a very successful secretary of the Physiological Society, and we now extend a warm welcome to him as he joins the editorial staff of the *Gazette*.

Many Guy's men will remember Mr. E. J. Dearman. He retires from 52 years' service with the Society of Apothecaries on 28th February.

The 1952 Index of the *Gazette* is now ready for distribution, and may be obtained free of charge from the Wills Library or the *Gazette* Office, St. Thomas's Street, S.E.1.

GUY'S DIARY

FEBRUARY		
		Exhibition. Surgical Department. *Goitre.*
		Exhibition. Cardiac Department. *Some Aspects of Congenital Heart Disease.* Gordon Museum.
23rd	12.00.	Mr. K. Hooper. Dental Clinical Lecture. *The Removal of Teeth.*
	1.00.	Dr. R. C. Mac Keith. Clinical Lecture. *Adolescence and Some Disorders seen with it.*
26th	1.00.	Mr. R. S. Lawrie. Clinical Lecture. *Broken Jaws.*
	5.00.	X-ray Meeting. Gordon Museum.
27th	2.15.	Combined Round. Preclinical Classroom.
28th	10.00.	Clinico-Pathological Meeting. Clinical Theatre.
MARCH		
		Exhibition. *Low Back Pain.*
2nd	12.00.	Mr. A. R. F. Thompson. Dental Clinical Lecture. *The Management of the Dental Cyst.*
	1.00.	Dr. W. S. McConnell. Clinical Lecture. *Medico-Legal Aspects of Anæsthesia.*
	5.00.	Film. *Hæmorrhoidectomy.* Clinical Theatre.
5th	1.00.	Dr. C. A. Boucher, P.M.O., Ministry of Health. Clinical Lecture. *Old Age.*
	5.00.	X-ray Meeting. Gordon Museum.
6th	1.00.	Dr. C. Hardwick. Clinical Lecture.
	2.15.	Combined Medico-Surgical Round. Preclinical Classroom.
	4.45.	Department of Child Health. Films :— *Differences in Newborn Babies. Children Learning by Experience.*
9th	1.00.	Mr. G. F. Gibberd. Clinical Lecture. *Hypertension, Toxæmia and Chronic Nephritis associated with Pregnancy.*

PUPILS' PHYSICAL SOCIETY

PRIZE ESSAY

The Natural History of Mitral Stenosis and its Treatment

1st Prize D. P. Honey.

2nd Prize { J. Billingham. R. Y. Calne.

OBITUARY

LESLIE LYNE, L.R.C.P., M.R.C.S.

DR. LESLIE LYNE, whose sudden and untimely death at the age of 57 occurred on 2nd February, 1953, held the posts of House Physician (to Sir Arthur Hurst) and Obstetric Resident at Guy's after qualifying in 1919, subsequently serving two years in the I.M.S. before settling in Ascot at the suggestion of Arthur Hurst. There he combined general practice with anæsthetics, being at one time on the staff of the King Edward VII Hospital, Windsor. In 1934 he moved to Hove, largely for reasons of health, and very quickly formed an ever widening circle of patients who found in him the ideal family doctor and by whom he will be greatly missed. In addition to the ties of a large general practice he had continued his interest in anæsthetics and for the past 14 years had been senior anæsthetist at the Sussex Throat and Ear Hospital where his quiet efficiency and unvarying charm were greatly appreciated by his surgical colleagues. Apart from his work his happy family life occupied him entirely and his joy was complete when in the same month last year his daughter graduated B.Sc. and his son M.B. ; to them and to his widow our deepest sympathy goes out in their irreparable loss. T.S.A.

EVELINE M. NEELD

MISS NEELD, after five years' service as Clerk to the Bacteriologist, became Junior Lady Clerk in the Superintendent's Office in October, 1912. In May, 1922, she was appointed In-Patient Enquiry Officer, at the same time performing the duties of Secretary to Salomons Welfare Centre, still being attached to the Superintendent's Office until June 1st, 1932, when she was appointed Secretary to the Superintendent. Miss Neeld retired from the service of the Hospital on April 1st, 1938.

THE STUDENT

Tired eyed, rises, drags himself
Across a city ;
Sun mourned, he heavy-limbed collapses
At some lecture bench
And sees . . . and hears . . . and learns.

Back, through jungles paved by man
To cave-like solitude ;
Love mocked, he there holds intercourse
With books not beings :
And thinks . . . and dreams . . . and learns.

And tomorrow does the same again.

V.H.B.

VITAMINS AND CHILDREN'S DISEASES

A Clinical Lecture given at Guy's Hospital Medical School on 25th November, 1952

By PHILIP EVANS, M.D., F.R.C.P.

LADIES AND GENTLEMEN,—At the week-end I took home a book called *The Vitamins in Medicine* and weighed it. It tipped the scale at over 4 lb., and this is one good reason for not trying to cover the whole subject in a lecture. I am here concerned only with a dogmatic survey of the place of vitamins in medical practice among English children in the middle of the twentieth century.

The points of emphasis have changed since I was a student. Then I was repeatedly told about vitamins by lecturers in zoology, physiology, pathology, systematic medicine, and the diseases of children. The topic seemed pleasantly exotic, embracing as it did xerophthalmia in rats, beriberi in prisoners in the Dutch East Indies and pellagra in the poor whites of the southern states of America. Later the subject was narrowed to the consideration of how to prevent and treat rickets and scurvy which were then common in England. Now they are not, and most of you here will never have seen an example of either. It may be useful to begin by considering why these diseases have almost disappeared.

Deficiency Diseases

Vitamin D

Rickets is a disease of growing bone ; growth is most rapid in infancy ; vitamin D is produced by the action of ultra-violet light on ergosterol in the skin, but in our cold and cloudy climate this is an unreliable and insufficient source for the baby. Extra vitamin D should be provided in the diet. The amount needed is variable but it may be assumed that if 600 units are provided daily, rickets will not occur. Premature infants, who grow relatively faster, may need half as much again.

Probably much smaller amounts will prevent the occurrence of rickets in most cases. The breast fed child taking a little over a pint of milk daily probably gets 40 units, a corresponding amount of cow's milk may contain only two or three units in winter. Both breast and bottle fed babies should be given extra vitamin D until they are taking butter and vitaminised margarine, and are growing less rapidly. After the age of two years the vitamin supplements may be reduced or given up.

The chief source of dietary vitamin D for babies is fish liver oil. The Ministry of Food's cod liver oil compound contains 1,000 units in a teaspoon dose, so one a day is ample. The cod liver oil of the *British Pharmacopœal Codex* must contain 425 units in a drachm, so two small teaspoonsful should be given daily ; the corresponding emulsion is about half cod liver oil, so the daily dose is four small teaspoonsful. (" Scott's Emulsion " is reinforced and may be given in the same dosage as cod liver oil.) " Cod liver oil and malt " contains only 15% of cod liver oil, and is an unsatisfactory source of the vitamin for babies. Halibut liver oil varies considerably but a

daily dose of six drops, which is about three minims, is usually adequate. Various other concentrated preparations are available, and it is preferable to use one of them (such as the *B.P.* liquid preparation of concentrated vitamins A and D, in a daily dose of three drops) than to struggle to force a baby to swallow cod liver oil if he dislikes it. Mothers and babies should not fight, and there is a danger of the inhalation of the oil with consequent chronic pneumonia.

There are several reasons for the present rarity of rickets. Most mothers know that they should give additional vitamin D. Cod liver oil compound may be obtained cheaply or free at infant welfare centres ; nevertheless, much that is available is not taken. There are many vitamin concentrates which may be used if the child objects to a spoonful of oil. The addition of vitamin D to margarine may increase the vitamin content of breast milk. Dried milk is very often used for bottle feeding, and nowadays most dried milks have vitamin D added to them, usually 280 units to the ounce of powdered milk. This provides each baby with from 600 to 1,000 units of vitamin D daily, and in London it must be one of the most influential factors in preventing

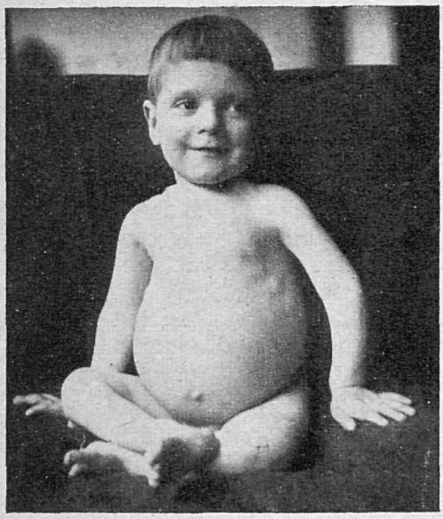

Figure 1

Boy aged one year with rickets. Changes in the head are not well shown, but there is a distended abdomen with eversion of the costal margin, rickety rosary, enlargement of bone ends at the wrists and curvature of the tibia.
(The Hospital for Sick Children, Great Ormond Street.)

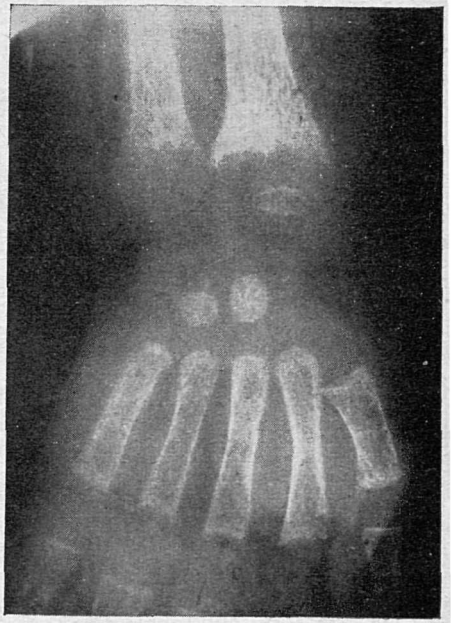

Figure 2

X-ray photographs of the lower end of the radius and ulna in a child aged two and a half suffering from rickets as a complication of coeliac disease. Widening, cupping and irregularity of the lower ends of the radius and ulna are seen.
(Guy's Hospital.)

rickets from developing. Finally, mixed feeding with the possibility of increased intake of vitamins is established earlier than it used to be.

As a result of these changes, it is possible to go for a long time without encountering a case of the old-fashioned rickets with hot cross bun head, rickety rosary, bow legs and the other attractively named but unpleasant deformities (Fig. 1) ; in fact, the only cases of rickets due to the deficiency of vitamin D which I have seen since the War have been in children with steatorrhœa (coeliac disease) who are unable to absorb enough of the fat-soluble vitamin (Fig. 2). I have seen more cases of what might be called " biochemical rickets " where the bony changes were not due to vitamin deficiency, but probably to disturbance of phosphorus metabolism in renal conditions with chronic acidosis.

Vitamin A

Vitamin A is associated with vitamin D in fish liver oils, expecially in halibut liver oil which contains over 1,000 units in each drop. The infant probably needs 1,500 units daily, the older child rather more. Given in the form of its precursor, the pigment carotene (which occurs in many vegetables besides carrots), about three times as much is needed.

Deficiency leads to failure of visual adaptation to the dark, to corneal opacity, and to phrynodermia or toad skin, and possibly to increased incidence of respiratory infection, formation of renal calculi and disease of the central nervous system. There is not much reason to suppose that these last three need to be discussed when we are considering vitamin deficiency in England at the present day.

Failure of dark adaptation may cause traffic and other accidents at night. It has been detected commonly in surveys in this and other countries but it is difficult immediately to accept the implication that deficiency of vitamin A is extremely common, for the symptom may also occur as a result of neurosis, or simple suggestibility ; nevertheless, one cannot feel quite happy that there is not a good deal of mild undetected deficiency. The roughening known as toad skin is less common than failure of dark adaptation, although not rare, but in this case too it is not certain that the cause is deficiency of vitamin A, for similar roughening may be a constitutional peculiarity, or it may signify vitamin C deficiency.

In the War of 1914–18, neutral Denmark, in tragic ignorance, sold its butter to Germany and fed its own children on unvitaminised margarine. Xerophthalmia and keratomalacia from this source became the commonest cause of blindness among Danish children. In between the wars few similar cases were seen, although the conjunctival lesions known as Bitot's spots were detected in Tyneside children in the bad years of the depression. The lesson was well learnt, and severe vitamin A deficiency was not a feature of the recent World War.

Vitamin A deficiency may be commoner than we suppose, but as far as infants are concerned all that is needed is to see that they get cod or halibut liver oil. Look after vitamin D and vitamin A will look after itself.

VITAMIN C

As I have said, infantile scurvy is now a rare disease. Since the War I have had only one case of ordinary infantile scurvy in a

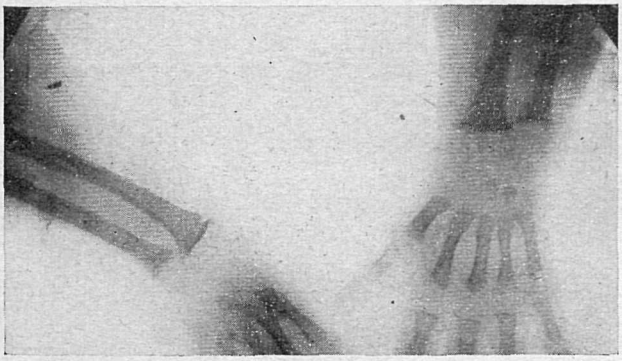

Figure 3

X-ray photograph of wrist of 10 month old girl suffering from scurvy. The thin line of dense calcification at the metaphysis is shown, with proximal rarefaction in the region in which microscopical fractures of the bony lattice occur.
(Evelina Hospital)

neglected infant whom we took into the Evelina (fig. 3). The reason for its scarcity is undoubtedly the popularity of free, or at least cheap, fruit juices in which vitamin C is plentiful and stable. Most children like the official preparations of orange juice, black currant juice or purée, or rose hip syrup. The latter are sweeter than orange juice and some babies prefer them.

The infant probably needs 25 mg. of vitamin C daily, and his needs are well covered by these preparations. Nevertheless, scurvy may appear unexpectedly and when encountered out of its context the diagnosis may be missed. Here is an example :

Last year I saw a boy aged four years eight months. He was an only child and was first brought to the out-patient department at the age of three and a half years because he could not walk or talk and was incontinent. A diagnosis of primary amentia was made. He did not attend hospital again until about the time when I saw him.

Soon after his first attendance both legs became very tender to touch from the knees to the hips. The condition was diagnosed as rheumatism and medicine and liniment were prescribed. After about one month of pain improvement occurred.

At the age of four and a half he started to bleed from the gums. A week later he screamed when picked up from the bed. His doctor found some soreness of the left hip, and he was taken to a local hospital where an X-ray picture showed an avulsion fracture of the lesser trochanter of the femur. A plaster spica was applied and he was sent home to be kept in bed. Three weeks later the pain seemed worse, the hip was very tender and he screamed when he was moved. X-ray of the joint was said to show signs of infection so he was given penicillin. He became much worse, very restless, often screaming, and eventually he stopped eating.

When I saw him he appeared to be severely mentally deficient, he cried excessively and resented examination, he was much under weight (25 lbs. at four and a half years). The limbs were hypertonic and the left hip was acutely flexed. Slight movement was possible at the joint but it was limited by muscle spasm and tenderness. The gums were spongy and bled when touched. X-ray showed fracture of the lesser trochanter.

The appearance of the gums suggested scurvy. This diagnosis was substantiated by the effect of treatment on his clinical condition, by a vitamin C saturation test, and by Professor Rushton's histological examination of teeth (which were removed on account of decay and root infection), showing numerous recent hæmorrhages, and calcification at the sight of old hæmorrhages (Fig. 4). The presence of the latter reinforced the clinical suggestion that the "rheumatism" was an earlier attack of scurvy.

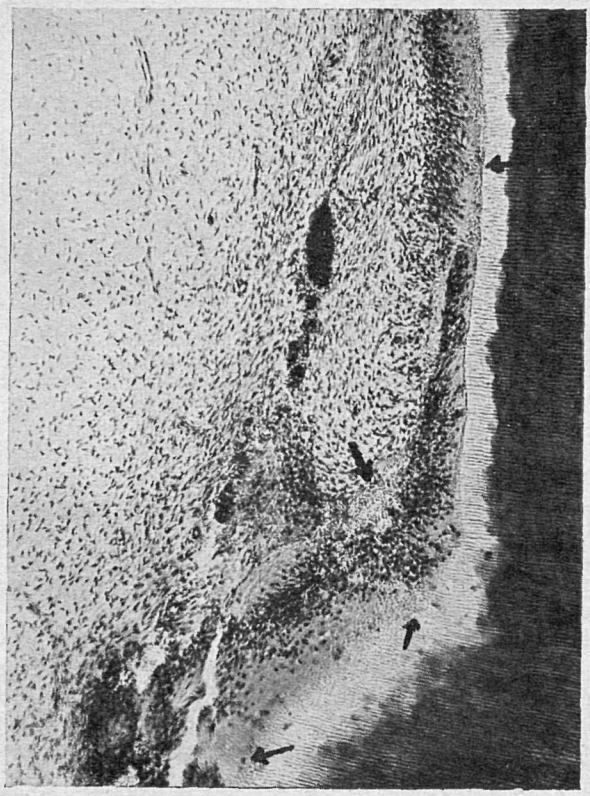

Figure 4

Old and fresh hæmorrhage due to scurvy in section of tooth of a five year old mentally defective boy.

(By permission of the Editors of the Great Ormond Street Journal.)

The feeding history was instructive. The child had been breast fed for three months and later the diet consisted of cereals, custard, milk puddings, biscuits, cakes, stewed fruits, bananas, tea, coffee and Ovaltine. All vegetables were vomited, but orange juice had been given regularly until a little while before the attack of "rheumatism".

I have seen other cases of scurvy which had developed because mentally defective or paralysed children were difficult to feed, and in whom the screaming had been ascribed to the mental condition and treated with drugs like chloral hydrate instead of with vitamin C (Fig. 5).

Vitamin C is used in the treatment of healing wounds and fractures, and of longstanding illnesses like tuberculosis, rheumatic fever and rheumatoid arthritis. There is good experimental basis for this practice but probably it makes little difference to well fed and hitherto well nourished patients. However, we do not know for certain that it is unnecessary to give this dietary supplement, so for the present the most sensible thing is to continue to give it.

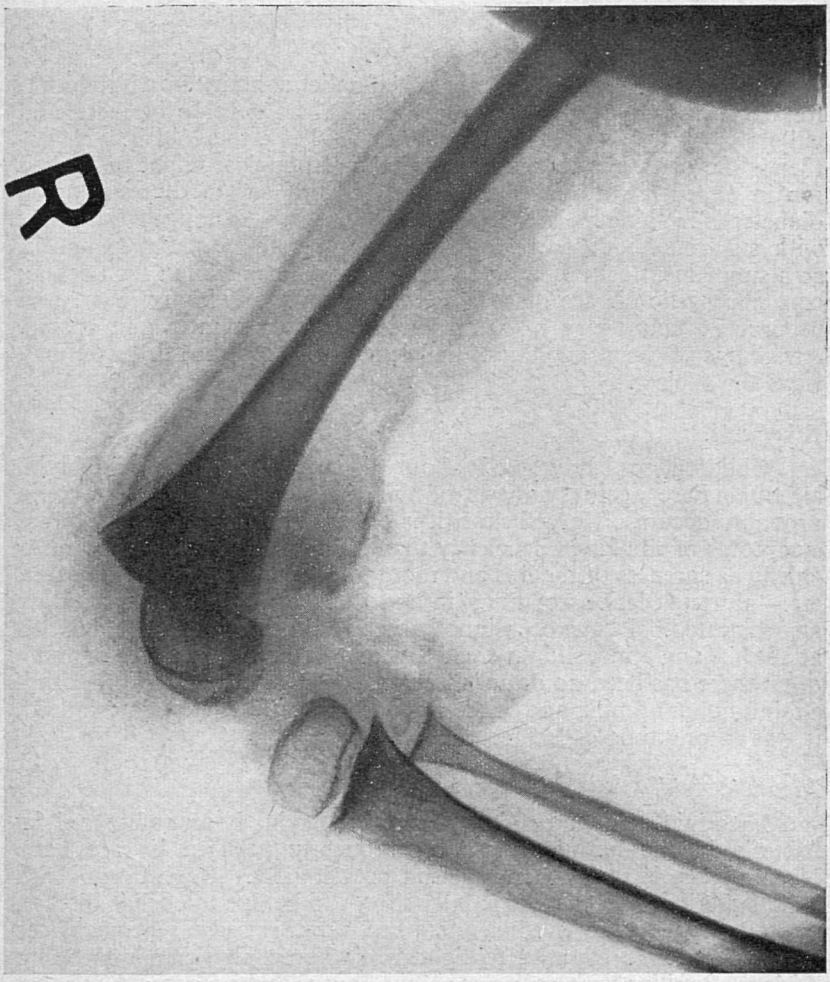

Figure 5

Large subperiosteal hæmatoma around femur of three year old boy with scurvy. There is also displacement of the lower epiphysis.

(By permission of the Editors of the Great Ormond Street Journal.)

I have now dealt with the main deficiency diseases which concern a children's physician, but something remains to be said about the effects of deficiency of some of the factors making up the vitamin B complex (thiamin, riboflavin, nicotinic acid), vitamin K and Vitamin P. I shall ignore vitamin E deficiency, and also the somewhat esoteric subjects of pyridoxine, pantothenic acid, inositol, biotin, choline and unsaturated fatty acids.

Vitamin B Deficiency

Vitamin B1, thiamin, aneurin.

Many people remain well even if the diet contains no vitamin B1, for bacteria synthesize it in the colon. Others develop beriberi, and children probably need a daily intake of ½–1 mg. to avoid it. Nevertheless the disease is very rare in Britain, although it might be looked for in children with coeliac disease or with severe diuresis, as in diabetes, for thiamin is excreted in the urine. Prolonged treatment with sulphonamides or antibiotics might impair bacterial synthesis, so a supplement containing the vitamin should be given in such cases ; e.g., fibrocystic disease of the pancreas in which aureomycin is used to prevent pulmonary infection throughout the winter and spring. Awareness of the possibility of deficiency is needed, but there we may leave the subject.

Riboflavin.

Children probably need about 1 mg. a day of riboflavin, although here again synthesis of the vitamin by intestinal bacteria probably occurs. Nevertheless, it is easier experimentally to produce symptoms of riboflavin deficiency than beriberi in man. They appear chiefly as soreness of the lips and mouth—cheilosis, angular stomatitis, etc.—although lesions of the skin and the central nervous system are also reported. I have occasionally seen rapid resolution of stomatitis at the lip angle in children treated with riboflavin ; equally or more often there has been no dramatic change. Most of our children drink a fair amount of milk, and this is a good source of the vitamin ; indeed, it was at one time called lactoflavin.

Nicotinic Acid.

Nicotinic acid, like thiamin and riboflavin, is manufactured by bacteria in the intestines, and consequently pellagra is rare here. Nevertheless, it must be recognised occasionally. Recently an Irish child suffering from diarrhœa, later shown to be due to coeliac disease, was admitted to the Evelina. She had a red raised erythema of the parts of the skin exposed to light. My house physician was South African, familiar with pellagra in the Bantu, and he assured me that this was an example of the disease. The rash quickly disappeared when nicotinic acid was given, without other treatment.

Earlier in the year a five year old girl was referred to me with a tentative diagnosis of cerebellar tumour. She had previously been fairly well, but had always been difficult over her food, so her mother allowed her to eat what she liked. This was little but bread, milk and cornflakes ; a diet low in nicotinic

acid. In March she had diarrhœa for three weeks, it was treated with sulphonamides which may have altered the intestinal flora. In May she developed a photosensitive skin eruption. Soon afterwards she became ataxic. She was admitted to a hospital in the north of England but no definite diagnosis was made. She went home, became a little better, then a little worse. Re-admitted, it was thought that the ataxia might be due to a cerebellar tumour so she was sent to London. By then she could not walk unsupported, and there was some spasticity of the legs with exaggerated knee jerks but flexor plantar responses. Mentally she was dull, confused and unhappy. The skin showed a striking redness and thickening of the parts exposed to light, particularly evident about the feet, where her sandal straps had protected part of the skin (Fig. 6). A diagnosis of pellagra was followed by treatment with 40 mg. of nicotinamide daily. Recovery was steady and in six weeks nearly complete.

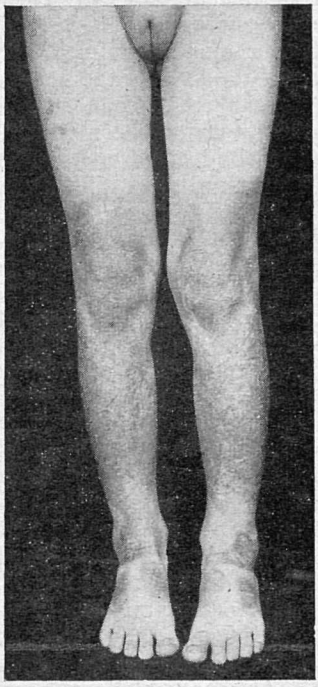

Figure 6

Lower extremities of a five year old girl suffering from pellagra. The reaction to light is well shown. Obviously she wears sandals.
(The Hospital for Sick Children, Great Ormond Street.)

The skin lesions were obviously pellagrous, but the nervous signs were not those of either pellagra or beriberi ; perhaps there was an associated lack of other vitamin B factors such as pyridoxine or pantothenic acid.

Folic Acid.

I have never found folic acid useful but it has been said to be beneficial in the uncommon cases of coeliac disease in which the bone marrow biopsy shows megaloblasts. However, it seems to be uncertain that folic acid is necessary for human nutrition.

Vitamin K.

The fat soluble Vitamin K is widely distributed and dietary deficiency is uncommon. Furthermore, bacterial synthesis in the intestine occurs. Absorption of the naturally occurring vitamins may be defective if there is no bile in the intestine, and hepatic disease may cause prothrombin deficiency either by limiting the secretion of bile, or more directly because the liver is so damaged that it cannot manufacture prothrombin. Synthetic vitamin K, it is said, can be absorbed in the absence of bile.

An almost physiological prothrombin deficiency develops in the first two or three days of life, but if it is severe, bleeding may occur into the bowel, less commonly from the umbilicus, or into the substance of the lungs or the brain, producing the condition known as hæmorrhagic disease of the newborn. There was an example of this in

Victoria Ward about two weeks ago in which there was hæmaturia as well as hæmatemesis. Treatment by the injection of plasma was completely successful. It is probably better to give plasma in these cases rather than vitamin K because one never knows whether the function of the liver of the newborn child is adequate.

It is said that hæmorrhagic disease of the newborn may be prevented by giving the mother vitamin K from twelve to two hours before the child is born, but this procedure is not always successful and in fact its utility is quite doubtful.

Vitamin P.

Vitamin P or citrin may be described as a vitamin present with vitamin C in fruits and vegetables, and curative in hæmorrhagic conditions in animals in which pure ascorbic acid is not effective. It may be tried in the purpuras ; I have thought it effective in one case. It is marketed as " hesperidin " or " rutin ".

Vitamins as Medicines

So far I have spoken of vitamin deficiencies, but vitamins are also used as medicines in some conditions in which there is no deficiency. For years vitamins A and B, and often C, have been given, probably uselessly, to prevent colds ; vitamin B1, which lowers the blood sugar, has been used as an apéritif ; vitamin D and calcium have been given for chilblains and so on. Like many others I have given 50 or 100 mg. of vitamin E daily to many patients with myopathy, but I have yet to see any good come of it.

With vitamin D and lupus vulgaris the position is different. Massive doses of calciferol seem really to be curative. The doses are near to the poisonous level and a close watch must be kept on the serum calcium and blood urea as well as the clinical state of the patient.

Vitamins as Poisons

Until recently vitamins were not prepared in concentrated forms, and the small amounts which it was possible to give produced no untoward effects. With the production of concentrated or pure forms it has become easier to poison the patient.

A month ago I saw a 20 month old child because she was vomiting and had lost her appetite, she was also very thirsty. She became extremely miserable and incontinent of urine and fæces. Apart from her misery and thinness, there were no abnormal physical signs. The blood urea was 48 mg. per cent., but the urine was normal. The serum phosphorus was low 2·3 mg. per cent., and the calcium high 12·9 mg. per cent.

We started to list the causes of hypercalcæmia when the child's father telephoned to say that he did not think his wife had told us the whole story. The child had been well before this illness, except that she had cried during four successive nights. She was taken to the doctor for a sedative but he said that she probably needed building up and suggested giving by mouth an ampoule of Sterogyl–15 twice a week. Thus in two weeks she was given 3,000,000 units of vitamin D—enough for 10 years. Then the illness began. The father thought he ought to tell me because he had read on the leaflet which came with the ampoules that over-dosage caused misery, vomiting, loss of appetite, thirst, etc. The child recovered in a few days, when vitamin D was omitted, and ten days later the calcium was down to 10·9.

The difference in strength of cod and halibut liver oils is not always realized, and it is possible for halibut oil to be given in teaspoon doses instead of drops. This means that the child will get 50 times as much

vitamin A as he needs, and eventually vitamin A intoxication may be evident. It is shown by irritability, loss of hair, and the occurrence of soft tissue swellings and overgrowth of cortical bone in the extremities.

Nicotinic acid in doses rather larger than those needed for therapy produces vasodilatation with flushing, nausea and dizziness.

Most things are poisonous to some degree if given in excess ; water is essential for life and alcohol may be excellent at times, but either may intoxicate ; so it is with vitamins also. Their use should be appropriate and it may be worth remembering that we do not yet know that man needs, if he is to remain healthy, to eat vitamins B6 (pyridoxin), B7, B8 (adenylic acid), B10, B11, folic acid, pantothenic acid, choline, inositol, or even vitamin E, vitamin P (citrin) or the essential unsaturated fatty acids (essential to rats). The vitamins which are established as essential food factors for man are A, C, D and K, as well as the B factors thiamin, nicotinic acid, riboflavin, biotin and B12.

GEOFFREY HAMMOND

J. R. T. writes :

Geoffrey Hammond will leave behind him at Guy's a large group of friends who, while rejoicing in his appointment, will find the daily round a little duller for his absence.

Little need be said here of his academic achievements, except that at this comparatively early stage of his career some of us remember with gratitude his ability as an obstetrician as well as a teacher. But what his friends will miss most are trenchant remarks, delivered from behind a haze of tobacco smoke, which were sometimes provocative, very often true and always without malice.

Recently some of these comments on the contemporary scene have been canalised into three Residents' Plays. Like most other art forms, the Residents' Play, although bound by certain strict conventions, is always evolving. At a time when stagnation was perhaps threatening and authors were running out of fresh scenes and situations, Geoffrey Hammond widened its scope and in taking us successively to Ruritania and the Middle East gave us two plays which were among the best for many years.

This year the advent of lady house officers will present him with fresh problems and give full scope to his ingenuity. We look forward with keen interest to his final bow, and we wish him every success and happiness at Winchester.

CORRESPONDENCE

Letters to the Editor of the Gazette

Guy's Hospital Clubs' Union

SIR,—At a meeting of the Clubs' Union Council on 30th January, 1953, it was proposed that the subscription to the Clubs' Union should be raised from £5 5*s*. 0*d*. a year to £6 6*s*. 0*d*. This motion was carried with some reluctance, but the decision was made for the following compelling reasons:

The subscription was £5 5*s*. 0*d*. a year from 1920 to 1943, when it was reduced because war time precluded a wide use of such facilities as were available. In 1948 the subscription was restored to the pre-war level as the affiliated Clubs resumed their full activities, and after a referendum to the students it was made compulsory, the sum being added to the School fees.

The subscription therefore is now the same as it was in the silver age between the two wars. It is needless to point out that expenses and wages of the staff employed, and the cost of materials used have increased enormously since those days. The Income and Expenditure Account for 1951–52 is being published in this issue of the *Gazette* to indicate the manner in which the money is being spent (*page 77*).

The income of the Clubs' Union is largely dependent on the subscriptions received, but some of your readers may be unaware of the extent to which both current expenses and incidental expenses in repairs, additions and improvements have been met by the very generous assistance of the Medical and Dental Schools. In addition to a yearly subsidy of £1,000 these bodies have helped in many ways in the maintenance of the Club premises at Honor Oak Park and of the facilities of the Students' Club at the Hospital.

The *Gazette* has also been very generous, and I take this opportunity of thanking the *Gazette* Committee for the following gifts over the last few years :

1947 : £1,000 for redecorating the Gymnasium and providing new equipment for various affiliated Clubs.

1949 : £700 towards the cost of repairs to the Pavilion and £150 to establish a reference library in the Students' Club.

1950 : £225 to provide the wrought iron entrance gates which now decorate the ground at Honor Oak Park.

1951 : £405 to cover the cost of redecorating the Dining Room in the College and providing new linoleum.

In spite of this very generous help it has become increasingly difficult in the last few years to meet the budgets of the affiliated Clubs and it would have been quite impossible if anything more than the cost of running expenses had been demanded ; no building or maintenance could have been done. By a process of cheese-paring the budgets have been met, but the members of the Council felt that it was not possible both to maintain the facilities at their previous level and to economise any further.

Yours, etc.,

P. A. LANE ROBERTS,

Hon. Secretary,
Guy's Hospital Clubs' Union

The Residents' Ball

SIR,—The Residents' Ball will be held in the Park Lane Hotel this year on Friday the 1st May.

Forms of application for tickets will, by your kind permission, be inserted in the *Gazette* of the 21st March, and they will also be available from the Ball Secretary.

If you would please publish this letter, those of your readers who intend coming will have early notice of the date.

Yours, etc.,
A. S. HARRIS,
President of the Residents.

Rugby Football Club Reports

SIR,—Dr. Wacher's letter in this week's *Gazette* is most timely, as hundreds will agree, for the *Gazette* is the official organ of *all* activities at Guy's. In my days ('04–'09) Rugger took priority in thought, word and deed ; the College was bathed in the reflected light of rugger stars whose names were household words. It is therefore heartening to read in your footnote to Dr. Wacher's letter that the *Gazette* intends to throw all its formidable weight into an all-out effort to encourage and uphold those of the rugger fields at Guy's today and in the future to regain, for their own satisfaction and for those to whom Guy's means so much, its former scintillating position in the world of sport.

Courtlands Hotel,
Boscombe, Hants.

Yours, etc.,
ALFRED W. EWING

SIR,—For some considerable time I have felt much as Dr. Wacher has concerning the apparent indifference of Guy's to its Rugby Football Club and had I not had inside information that the lack of support is more on paper than in actual fact I should have been a much sadder man and parent.

One is heartened, however, to know that stalwarts like Sir John Conybeare have travelled to Cambridge with the team to give it moral support but one did not get this information from the *Gazette*. As far afield as Aberavon too, Guy's men have turned up to see the game and to raise feeble and senile voices in support of Guy's.

There is shortly to be an inaugural dinner in the hope of forming a Guy's Hospital Society for South Wales and Monmouthshire and one can be quite sure that a large proportion of those present will have two predominating interests, i.e., Guy's Hospital and Rugby Football.

One may hope, and with some confidence, that now that the matter has been ventilated the *Gazette* will not only print reports submitted, but actively stimulate those whose business it is to make reports to do so promptly and with the same enthusiasm that they doubtless show on the football field itself.

If this is done a spiral of confidence will be engendered between players public and publishers, and the morale both of the team and of the Hospital is bound to be boosted.

112, Walter Road,
Swansea.

Yours, etc.,
F. H. KINGSTON KNIGHT

A further letter on this subject appears overleaf.

SIR,—I read with interest Dr. H. Stewart Wacher's letter in the last issue of the *Gazette* concerning reports of rugby football matches. Only a few days before, I had spent a very pleasant afternoon with an old Guy's man hearing about the activities of the hospital when he was a student. Amongst his collection of photographs appeared one showing a Guy's team, captained by the present Superintendent of the hospital, Mr. W. D. Doherty, being presented to the late King George V on the occasion of the Inter-Hospitals' Rugby Football final at Richmond. St. Thomas's Hospital, I believe, provided the opposition. Those must indeed have been great days to be looked back upon with immense pride.

In recent years the rugby team has not enjoyed the success of its predecessors, but in spite of this I would not agree that the club is "much out of favour with students of today". With the increasing popularity of other sports Guy's students have entered them all and as evidence provided below would suggest, they have made their mark. It is true that these teams do not consistently play top-class opposition but with few exceptions, during the course of the respective seasons, they compete with the best. I must, with due respect, disagree with your correspondent's statement that the rugby football team is the only one to provide Internationals and I have cited a few examples below of Guy's men gaining honour in the post-war period. (My apologies to teams and individuals omitted.)

Golf. I. Caldwell—Member of the Walker Cup Team, 1952.
Hockey. W. vans Agnew—Captain of Scotland. Hockey Club won both Senior and Junior Inter-Hospitals' Cups in 1952.
Cricket. D. E. Blake—Opening bat (when he could spare the time) for Hampshire.
Swimming. P. Hume Kendall—International and Olympic representative, 1948. The Swimming Club won the Inter-Hospitals' Cup in 1952.
Boxing. The Boxing Club has won the Inter-Hospitals' Boxing Cup each year since the competition was resumed.
Rowing. A. S. F. Butcher—England representative in the Olympic Games in New Zealand, 1948.
Tennis. P. J. Frost—University of London Singles Champion in 1951 and United Hospitals Singles Champion in 1952. The Tennis Club won the Inter-Hospitals' Tennis Cup in 1951 and 1952.

Finally, may I defend our Editor and say that it is the duty of the various Secretaries to keep Guy's men and women informed of their Club's activities by sending early information to him at the *Gazette* Office.

Yours, etc.,
J. BULLARD,
Captain, Guy's Hospital Lawn Tennis Club.

Flood Distress Appeal

SIR,—I would be grateful if you would allow me to use your pages to thank all members of the hospital community who contributed to the collection recently organised by the Christian Union on behalf of the Lord Mayor's Appeal Fund.

The National Provincial Bank kindly counted the total of £24 0*s.* 11*d.*, which has now been remitted.

Yours, etc.,
M. J. ATWILL,
Secretary, Guy's Hospital Christian Union.

REVIEW

Elementary Physics. By G. STEAD, M.A., D.SC., F.INST.P. 8th Edition. J. & A. Churchill, 1952. *Price* 18*s.*

The latest edition of Professor Stead's well-known book brings up to date a work which was last thoroughly revised five years ago. The continued popularity which it enjoys as a manual for medical and first year science students is attributable to the essentially practical approach to a subject which (in the case of medical students) will not be their main concern in future years, but which is, and will continue increasingly to be, of vital importance as a background to clinical work. "In my view", says Professor Stead in his preface, "preclinical teachers should make every effort to bring home to the medical student the great and growing importance of the basic sciences in their application to his future work." Clinical experience thoroughly endorses this statement. In this connection one would like to have seen an explanation of the working of such a common instrument as the sphygmomanometer which, although almost daily in the hands of the clinical student, remains something of a mystery when an attempt is made to explain its results on a basis of pure physics. Its stable companions, the ophthalmoscope and otoscope are suitably described.

Though the absence of photographs may be a matter of regret, the many diagrams and drawings which liberally illustrate the text are admirably chosen ; the subject matter is clearly and concisely treated, while the examination questions and examples are a substantial aid to the full appreciation of the contents of this valuable text book.

E.E.D.T.

SPORT

RUGBY FOOTBALL

Guy's *v.* London Irish

At H.O.P. Result : Lost 0—12
31st January, 1953

Guy's, playing at home for the first time since December 20th, lost this game by one try, two dropped goals and a penalty goal to nil. For this they have no one but themselves to blame.

Guy's lost the toss and found themselves playing against a very strong head wind, and for the most of the first half were defending their line. However, the first score did not come until after about twenty minutes when G. Head, an Irish second row forward, gathered the ball from a drop out and dropped a neat goal, much to his surprise and everyone else's. Guy's then had one or two good forward rushes up into the Irish twenty-five but never really looked like scoring. The lead was further increased when J. S. Ritchie kicked an easy penalty goal following a scrum infringement. Just before half time M. Maloney, the Irish stand-off half, scored a lucky drop goal following a quick heel from a loose scrum.

Guy's, then, crossed over nine points in arrears. With the wind behind them and with M. Maloney now on the wing because of injury, this did not seem such a commanding lead. However, the Irish scored again just after half time when C. Griffin, the Irish international, went over in the corner following a bout of passing after a quick heel from the loose. This seemed to produce a feeling of being too much of a handicap and from then on Guy's went to pieces and were unable to score.

This game was a great disappointment to the spectators after Guy's winning run of matches and they cannot have played worse this season. In the second half with the wind behind them, the backs did not use it to save the forwards and would have gained much ground had they done so, instead of trying to break through in their own half. Also, if the backs had let Kingston have the ball, with the injured Maloney marking him, he must surely have scored tries. The wind, it appeared, was too much for them. The forwards on the whole played well and gained a fair share of the ball from scrums and line-outs but must realise that possession from the loose scrums is of ten times more value than from either the tight or from the line-outs. It is true that continual stoppages for minor injuries prevented the forwards from getting going but this should not have prevented them from playing as a pack instead of as individuals and Guy's, players and spectators alike, would perhaps prefer to forget this game.

Team : J. K. Duff ; G. D. Thomas, G. W. Hackett, R. T. Hawley, J. C. Kingston ; W. J. Howells, R. K. Knight ; D. K. Fairweather, A. A. Craigen, C. T. M. Wilson, H. C. Meredith, C. W. Pook, D. P. Honey, J. W. Kirkbride, N. W. Glendinning.

Guy's *v.* Coventry

At H.O.P. Result : Lost 0—11

7th February, 1953

Guy's met a strong Coventry side under excellent playing conditions and in a hard, fast game lost by a goal and two penalty goals to nil. The margin of the scores suggests that Coventry were more powerful than they indeed were.

The game started with strong runs by the Coventry three-quarters which were aborted by the determined tackling of their opposite numbers. It soon became clear that the fine hooking of Robinson in a heavy and well organised pack was going to give the visitors a generous share of the ball. But the Coventry half-backs were slow and often caught in possession, and even when their three-quarters ran with the ball they were invariably stopped by the exemplary tackling of the Guy's three-quarters.

In the loose, however, it was pleasing to see the lighter Guy's forwards holding their own and indeed on many occasions attacking the Coventry line only to be stopped just short of it. The Guy's three-quarters, though obtaining the ball but seldom from the tight and from the line-outs —where Jones and Adkins of Coventry held sway, on the occasions when they did receive it were able to show that they were more dangerous than the visitors. Breaks by Hackett and by Hawley might, with more determination, have resulted in tries.

The scoring was opened when the Coventry scrum-half was tackled without the ball, and Hewitt landed a good penalty goal. This stirred Guy's to greater activity, and some judicious kicking by Howells and some lively foot rushes by the forwards enabled us to attack the Coventry line. The visitors were pressed in their own twenty-five for some time until a fine kick by Hewitt at full-back relieved the pressure and they were again in our half.

The next score came shortly before half time, when a rather wild pass from a line-out was fumbled, and Gardiner—a fast wing forward, gathered the ball and ran through to score under the posts. Hewitt converted this to give Coventry a lead of eight points.

Before half-time we saw two breaks by the Guy's centres which gained a lot of ground and again put us in an attacking position. While in the Coventry twenty-five the whistle went for half time.

After the interval there was some vigorous forward play, and Guy's now began to get more of the ball. But the ensuing three-quarter movements were stopped by determined tackling. This was the pattern of the game for both sides now until the end. The final score came when a Guy's forward was penalised for picking the ball out of the scrum and Hewitt, to complete a fine performance at full-back, kicked another goal.

In this game it was pleasing to note a marked improvement in the Guy's side, the pack were more lively and worked together, and the defence of the backs was excellent. The game itself was not dull for the spectators, and was enjoyable for the players ; two lessons, however, were clear: That no side can win without possession of the ball, and that any side can reduce the number of points scored against it by avoiding unnecessary and expensive infringements.

Team : J. K. Duff ; G. D. Thomas, R. T. Hawley, G. W. Hackett, J. C. Kingston ; W. J. Howells, R. K. Knight ; D. K. Fairweather, A. A. Craigen, C. T. M. Wilson, H. C. Meredith, C. W. Pook, D. P. Honey, J. W. Kirkbride, N. W. Glendinning.

An account of the match v. Old Alleynians will be published in our next issue.

HOCKEY

Inter-Hospitals' Cup, Second Round

Guy's *v.* Westminster

Result : Won 5—1

8th February, 1953

Guy's reached the Semi-Finals of the Inter-Hospitals' Cup by defeating Westminster by 5 goals to 1. The game in general was of a poor standard, the wintry conditions which prevailed being mainly responsible for this.

The game began on a snow-covered ground with both teams having difficulty in controlling a bouncing ball. Westminster were the first to settle down and submitted the Guy's goal to prolonged pressure during which two corners were awarded to them. Neither corner was well taken and from the second clearance Guy's started an attack which resulted in a corner. Directly following the hit Paul dribbled past two defenders and pushed the ball into the net. Soon afterwards Westminster equalised through their centre-forward who beat both backs and scored a well judged goal.

After this set back Guy's rapidly adapted their play to the poor conditions and for the remainder of the first half attacked continuously. Partridge scored the Hospital's second goal when intercepting a through pass on the Westminster twenty-five line, ran through and flicked the ball into the net. At half-time Guy's were leading 4–1. Partridge and Paul each scored again.

Westminster reorganised their team in the second half ; Edgehill, the University player, dropping back to centre-half and the centre-half moving to inside-left. This switch considerably hindered many movements which Guy's attempted in the middle of the field and it was only when the Hospital used their wings more freely that their attacks became dangerous.

Millar scored the Hospital's fifth goal with a hard shot which was deflected into the goal from the keeper's pads. On two more occasions Guy's put the ball into the net but the referee ruled both goals to be offside.

The final whistle sounded with Guy's attacking strongly and vainly attempting to pierce the Westminster defence.

Scorers : Paul 2, Partridge 2, Millar 1.

Team : C. Bishop ; D. Linahan, H. M. Tuddenham ; J. J. Hall, R. W. Elsdon-Dew, N. H. Clarke ; N. Cooke, R. R. Paul, M. Willis, J. I. Millar, J. S. Partridge.

HOSPITAL INFORMATION

GUY'S HOSPITAL CLUBS' UNION

INCOME AND EXPENDITURE ACCOUNT (*In round figures*)

FOR THE YEAR ENDED 31ST JULY, 1952

	£	£
GROUND EXPENSES		
Wages of Groundsmen	926	
Rent of Ground at Honor Oak Park	200	
Hire of other pitches	5	
General Rates and Water Rate	263	
Gas and Electricity	82	
Telephone	13	
General Repairs	42	
Petrol and Oil for Mowers	55	
Repairs to Mowers	50	
Seed, Fertilisers, Sand, etc.	181	
Coke	129	
General Expenses	28	
		1,974
EXPENSES OF CONSTITUENT INSTITUTIONS		
Association Football Club	86	
Athletic Club	39	
Boat Club	67	
Chess Club	13	
Cricket Club	110	
Dental Society	39	
Golf Club	18	
Hockey Club	90	
Lacrosse Club	5	
Lawn Tennis Club	43	
Music Club	44	
Pavy Gymnasium	94	
Physical Society	13	
Rifle Club	75	
Rugby Football Club	272	
Sailing Club	59	
Sailing Club—New Boat	120	
Squash Club	37	
Students' Club	774	
Students' Union	20	
Swimming Club	13	
Table Tennis Club	4	
Theatre Club	21	
Gramophone for Music and Theatre Club	121	
		2,177
FARES AND TRAVELLING EXPENSES		
Athletic Club	7	
Association Football Club	14	
Boat Club	12	
Cricket Club	2	
Hockey Club	37	
Lawn Tennis Club	9	
Rifle Club	8	
Rugby Football Club	366	
Sailing Club	41	
Squash Club	3	
Swimming Club	3	
		502
OTHER EXPENSES		
Guy's Hospital *Gazette*, copies of (Staff)	77	
Guy's Hospital *Gazette*, copies of (Students)	298	
Maintenance of Squash Courts and Gymnasium	269	
University of London Athletic Union	90	
British Dental Students' Association	29	
Office Salaries and Superannuation	200	
Printing and Stationery	30	
Audit Fee	15	
Insurances	103	
Sundry Expenses	81	
		1,192
		£5,845

	£	£
SUBSCRIPTIONS RECEIVED DURING YEAR	4,522	
GRANT FROM MEDICAL SCHOOL	600	
GRANT FROM DENTAL SCHOOL	400	
RENTS FROM TENANTS	90	
GATE AND STAND RECEIPTS (NET)	149	
INTEREST ON RESERVE FUND	16	
INTEREST ON BANK DEPOSIT	20	
		5,797
BALANCE, being Excess of Expenditure over Income for the year		48
		£5,845

The audited Balance Sheet may be inspected at the Medical School Office.

GUY'S HOSPITAL, S.E.1

Applications are invited for the appointment of **Registrar to the Radiotherapy Department** (Middle Grade). Duties to commence on 15th April, 1953. Forms of application, obtainable from the Superintendent, Guy's Hospital, should be forwarded not later than **20th March, 1953.**

ASTLEY COOPER STUDENTSHIP

Applications are invited for the **Astley Cooper Studentship** tenable at Guy's Hospital Medical School. The student, who is the Astley Cooper Assistant to the Curator of the Gordon Museum, will be elected for a period of three years, the salary being £135 per annum. Applications should be sent to the Dean, Guy's Hospital Medical School, S.E.1, not later than **7th March, 1953.**

ST. ANDREW'S UNIVERSITY

Sir Heneage Ogilvie's appointment as *prælector in the faculty of medicine at St.* Andrew's University (*See Guy's Hosp. Gaz.*, 24 Jan., *1953*, p. 42), is for one week only. Immediately afterwards he will be returning to London.

UNIVERSITY OF CAMBRIDGE

Doctor of Medicine

I. S. Hodgson-Jones

ROYAL COLLEGE OF PHYSICIANS OF LONDON

M.R.C.P.

G. W. Scott

THE ROYAL COLLEGE OF SURGEONS OF ENGLAND

F.R.C.S.

Primary Examination
January, 1953

B. D. Grant — O. L. Thomas
I. S. Moss — J. A. Turner
A. E. Richardson

ROYAL COLLEGE OF OBSTETRICIANS AND GYNÆCOLOGISTS

Leverhulme Research Scholarship

Ian Macdonald, M.B., B.S., D.Obst., has been awarded a Leverhulme Research Scholarship for 1953.

Membership

H. G. Dixon — J. M. Holmes

ROYAL MEDICO-PSYCHOLOGICAL ASSOCIATION

Diploma in Psychological Medicine. Part II

D. S. G. M. Bailey

GUY'S HOSPITAL REPORTS

1953. Vol. 102. Number 1

Joiner, C. L., and Thorne, M. G. On the Occurrence of Skeletal Disorders in Cases of Long Standing Renal Failure. pp. 1–35.

Shaw, A. Batty. Tuberculosis in Medical Students, Dental Students and Nurses. pp. 36–55.

Cole, W. R. Calcinosis. pp. 56–69.

Woodside, Moya. A Follow-up of Psychiatric Patients. pp. 70–75.

Masters, P. L. Urinary Changes in Infections of the Urinary Tract in Childhood. pp. 76–85.

Roberts, P. A. Lane. "Monteggia Fracture." pp. 86–98.

PAPERS BY GUY'S MEN

Northfield, D. W. C. Refresher Course for General Practitioners. Head Injuries. I. Brain Injury and its Diagnosis. *Brit. med. J.*, 1953, i, 38.

Northfield, D. W. C. Refresher Course for General Practitioners. Head Injuries. II. Treatment and Sequelæ. *Brit. med. J.*, 1953, i, 90.

Plummer, N. S., and others. Broncho-Pulmonary Aspergillosis. A Review and a Report of Eight New Cases. *Thorax*, 1952, 7, 317.

Reynolds, Geoffrey. The Electrocardiogram during Angiocardiography. *Brit. Heart J.*, 1953, 15, 74.

Scott, G. W. Inhalation and Chest Infection following Dental Extraction. *Brit. dent. J.*, 1952, 94, 9.

CHANGES OF ADDRESS

A. J. P. Graham, F.R.C.S. (Consulting Rooms), Union House, 6th Floor, Queen Victoria Street, Cape Town, South Africa. Tel. : Rooms 3–1578 ; Residence 6–4932.

L. Wollner, M.B., B.S., The Cowley Road Hospital, Oxford. Tel. : Oxford 4182.

BIRTHS

BAILEY.—On 4th February, 1953, at Nuffield House, Guy's Hospital, to Joan (née Greatorex), wife of Anthony A. Bailey, L.D.S., R.C.S.—a brother for Rosemary (Anthony Hugh).

DAVIES.—On 23rd January, 1953, at St. Helier's Maternity Home, Whitstable, to Greta (née Jacob), wife of D. O. Davies, M.B., B.S.—a son (Robert).

DAVIS.—On 29th January, 1953, at Little Mead, Holtye, Nr. Edenbridge, to Hope (née Davis), wife of H. Colin Davis, L.D.S., R.C.S. —a son (Patrick).

WOLLNER.—On 8th February, 1953, at the Churchill Hospital, Oxford, to Sylvia Wollner, M.B., B.S. (née Colquhoun), wife of Leopold J. Wollner, M.B., B.S.—a son (Mark Edward).

MARRIAGES

CECIL—BROWN.—On 7th February, 1953, at St. John's Church, Penshurst, Kent, John Temperley Cecil, M.B., B.S., to Monica Margaret Brown, S.R.N.

CULLINGFORD — HANCOCK. — On 14th February, 1953, at Dursley Parish Church, David W. J. Cullingford, M.B., B.S., D.A., to Avery D. Hancock, S.R.N.

LEADER—FISHWICK.—On 14th February, 1953, in New Zealand, Richard Lionel Leader, B.D.S., L.D.S., R.C.S., to Constance Elizabeth Fishwick.

DEATHS

BEALE.—On 2nd February, 1953, Edwin Clifford Beale, M.A., M.B., F.R.C.P., of 21, The Gateway, Chelsea, aged 101 years.

DAVIES-COLLEY.—On 16th February, 1953, at Nuffield House, Emily C. Davies-Colley (née Jones), Guy's 1905–1908 and Hon. Treasurer, Guy's Hospital Nurses' League.

LYNE.—On 2nd February, 1953, suddenly, Leslie Lyne, M.R.C.S., L.R.C.P., of 83, New Church Road, Hove, Sussex, aged 57 years.

NEELD.—On 15th February, 1953, at Nuffield House, Eveline M. Neeld, Secretary to the Superintendent, Guy's Hospital, 1932 to 1938.

WALEY.—On 13th February, 1953, at Nuffield House, Lt.-Col. Eric George S. Waley, O.B.E. aged 61 years, Governor of Guy's Hospital, 1932–1948.

EDS. { E.E.D.T. / P.S.B.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXVII. No. 1686 7th March 1953 One Shilling

PASSIM

A Toast if you please !

THE busiest people always seem to have the most time. This reflexion must often have passed through our minds during the course of a very friendly and enjoyable evening at the Residents' Play, of which we shall publish an illustrated review in our next issue. The whole atmosphere is one of expectancy : the tinkle of a bottle somewhere on the gallery floor brought forth a round of applause on the last night even before the curtain rose.

But this is nothing to the delight of players and audience in a production whose interest seems to fluctuate between stage and auditorium, for should the subject of a particularly tell-tale remark or gesture be present, a further increase of sympathetic and affectionate applause marks an occasion which is, as always, a domestic affair, witty, pointed, but without malice, simply because it is, as it were, " all in the family ".

The houseman's job is regarded as a whole-time business. Where he, or she, finds an opportunity for rehearsal remains a mystery to many of us. All the more credit to them, and to those thinly disguised characters who entertained us once more from the stage. We were (almost) oblivious of our hard seats. We went away indulging ourselves for a moment with thoughts which, if sentimental, were pardonably so. " Bloods of the Borough ! A toast if you please ! " You certainly *do* please.

We record with much pleasure two new appointments to the staff at Guy's. Dr. J. D. Dow, who is a new Consultant Radiologist, has come from the Western Infirmary, Glasgow, where he has held the post of Consultant Radiologist since 1948. He qualified at Glasgow University in 1940 and served during the war in Britain and North Africa where he was awarded the Military Cross in 1943.

Dr. D. A. Pond, who has been appointed as Consultant in the Electroencephalographic Department, received his training at Clare College, Cambridge ; Duke University, North Carolina, U.S.A. ; and University College Hospital. Since 1948 he has been Senior Lecturer in the Department of Clinical Neurophysiology at the Institute of Psychiatry of London University and Honorary Consultant Physician to the Bethlem Royal and Maudsley Hospitals.

We congratulate them on their new appointments, and extend a warm welcome to them both.

We record with regret the death on March 1st of Sir Louis Greig, K.B.E., C.V.O. He was a governor of the Hospital until 1938 ; and the first president of the Guild of Ex-Patients and Friends from 1933–1946.

A new canteen was opened early last month in Hunt's House block for the use of the non-resident staff working in the hospital. It was an immediate success and is much appreciated by all who use it.

GUY'S DIARY

MARCH		
		Exhibition. Surgical Department. *Lumbrosacral Backache.*
9th	1.00.	Mr. G. F. Gibberd. Clinical Lecture. *Hypertension, Toxæmia and Chronic Nephritis associated with Pregnancy.*
11th	4.45.	Mr. E. W. Baxter. Science Club. *Hybridisation Experiments with British Lampreys.* Staff Common Room. (Tea 4.30 p.m.)
12th	1.00.	Dr. Christopher Hardwick. Clinical Lecture. *Hæmatemesis.*
	5.00.	X-ray Meeting. Gordon Museum.
	5.00.	Mr. Murray Falconer. Neurosurgical Demonstration. Clinical Theatre.
13th	1.00.	Sir John Conybeare. Clinical Lecture. *Diabetes Mellitus.*
	2.15.	Clinico-Pathological Meeting. Gordon Museum.
14th	10.00.	Dr. John Hunt (Hon. Sec., College of General Practitioners).
16th	1.00.	Dr. Stafford Clark. Clinical Lecture. *The Diagnosis and Dangers of Depression.*
19th	1.00.	Mr. Leonard Willmore. Clinical Lecture. *Disorders of Speech and Language.*
	5.00.	X-ray Meeting. Gordon Museum.
20th	2.15.	Combined Round. Preclinical Classroom.

IN MEMORIAM

King George VI died 5th February, 1952

The Trumpets Sounded

No trumpet sounded when, in quiet night
The King arose, whose many realms bestride
This earthly globe, whose navies plough all seas.
With quiet steps he reached the waterside,
Unmoored his boat ; alone, unheralded,
Took the dark stream and gained the farther shore.
Courageous, humble, steadfast, calm he came
To lay his only gifts, his heart and soul
Before the King of Kings, the Heart of Hearts,
In whom all beings merge who walk with God ;
And this man walked with God throughout his life.
Then, all the trumpets sounded far and wide.

E.P.MACM.

OBITUARY

EMILY DAVIES-COLLEY

MRS. DAVIES-COLLEY, who died in Nuffield House on 16th February, was very closely connected with Guy's Hospital.

She entered Great Ormond Street Hospital as a nurse in 1901 and worked there until 1904. In the following year, she began her long association with Guy's, being a nurse from 1905–8 and later marrying Mr. R. Davies-Colley, now Consulting Surgeon Emeritus to the Hospital. From the time of her marriage she was an enthusiastic member of the Ladies' Association and for several years was organiser of their working parties.

In 1927 she became Honorary Secretary, holding this position for some three years. During this time, she organised some very successful social functions including Garden Fêtes, Jumble Sales and a concert at Londonderry House which was attended by Queen Elizabeth the Queen Mother, when Duchess of York.

Her work as Honorary Treasurer of the Nurses' League will also be remembered with gratitude and the League owes much to her years of service.

She was, over nearly 50 years, a good friend of the Hospital and unstintingly devoted her efforts to its well-being. Our sympathy goes out to her husband and family in their grevious loss.

ERIC GEORGE SIMON WALEY

LT.-COL. E. G. S. WALEY, who died in Nuffield House on 13th February at the age of 61, was a Governor of Guy's Hospital and, until 1948, was chairman of the Appeals Committee. He was a prominent member of the Stock Exchange and devoted much of his time to the welfare of hospitals and the nursing profession, being a member of the East Surrey Hospital Management Committee until 1948 and a member of the Council of the Royal National Pension Fund for Nurses.

We extend our sympathy to his widow and family.

M.S.G. writes :—

IN the death of Col. Waley Guy's has lost a dear friend. It is right to say that he loved every stick and stone of the Hospital and had a deep affection and admiration for those who worked there.

In the early 1930's Mrs. ——, the wife of a senior employee of Col. Waley, was a patient in Lydia Ward and whilst visiting her he learnt that the ward was in need of a refrigerator. Three days later Mrs. ——'s husband, in some excitement, telephoned to say that not only would Lydia receive a refrigerator, but every ward in the Hospital.

Throughout his life people came to Col. Waley for help and advice which was always most generously given. His sense of humour and unfailing kindness endeared him to all with whom he came in contact.

He had a great regard for Guy's nurses and their welfare was always his first consideration—referring to them as " My sweet nurses ". A few weeks before he died he made a gift of bed tables to the nurses' sick quarters.

The Nursing Staff, past and present, will join in extending our heartfelt sympathy to Mrs. Waley and her family in the loss of a husband and father so beloved.

WALTER HENRY GRACE

DR. W. H. GRACE, who died on 10th February at his home near Chester, was well known for many years as Pathologist to the Home Office in the North Western Region.

He came to this country from Australia in 1918 and in 1922 was awarded the London M.D. and was elected F.R.C.P. in 1939.

After holding appointments at Guy's, he was appointed lecturer in Forensic Medicine and Toxicology at the University of Liverpool and Pathologist to the Chester Royal Infirmary. Later he became an examiner in Forensic Medicine to the University of London.

He was one of the leading Forensic Pathologists of the country and, perhaps, of his many important cases, the Ruxton and " Cameo " murders were best known to the public.

He had been ill for some eighteen months and retired from his public appointments last year at the age of 60.

We extend much sympathy to his family in their sad loss.

C.K.S. writes :—

Grace was well known to Guy's men of the 20's as a product of John Eyre's Department, and it was upon translation to Chester as pathologist to the Royal Infirmary that he began to acquire the authority in morbid anatomy—and then forensic medicine—by which he will be best remembered. He had a scholarly intellect and found no difficulty in achieving his M.D., admission to the Bar of the Middle Temple and F.R.C.P. The Home Office afforded him official recognition in 1947 as a result of long and distinguished service as a medico-legal consultant in the West Midlands, North Wales and the Liverpool area : indeed it could hardly have done otherwise for it was to Grace that the police of these heavily populated districts had turned for help in solving their problems for nearly twenty years by then. He rose in stature, developed a new authority and almost naturally assumed the " grand old man " character which made him something of a figure in the courts which he frequented.

To those who counted him a closer friend he was a delightful intimate with an Edwardian polish in manners, a naive turn of humour and a gift for reminiscent conversation in which his ability as a raconteur blossomed and his delight in company became abundantly clear. He made innumerable friends on the Bench, at the Bar and among his fellow pathologists, preserving a warm affection for his old hospital and taking pride in Guy's continued part in forensic matters—a tradition since the time of Taylor.

He was a painstaking and accurate observer in medico-legal practice, an experienced pathologist who avoided extravagant claims, giving the task of the moment an absolutely unbiassed attention and exhibiting an honesty in his evidence that, as it must, formed a secure foundation for his authoritative position in forensic circles. When in doubt, he came to London—to Spilsbury, Ryffel, Eric Gardner or to the younger Guy's men, spending long evenings in the lounge at the Euston Hotel sounding the views he felt proper—before committing himself irrevocably in court : the staff gave him privileges for they, like everyone else, came to regard him with affection. He appeared in many well known trials and survived a public esteem with a charming detachment, using his experience to effect in his teaching at Liverpool and in his kindly examining at London, in Leeds, Glasgow and elsewhere.

It is a great pity Grace did not survive to enjoy his retirement : he would not have lacked friends, invitations, pursuits and the happy relaxation for which he had worked so hard. His life had been a full and enjoyable one, rewarding and distinguished in medicine : he asked no more.

A NEW CHILDREN'S BURNS UNIT

A NEW Burns Unit consisting of twelve beds has lately been established in Guy's and the Evelina hospitals. Four cots have been equipped in Caleb Ward for the investigation and treatment of severe burns in children under twelve. These cots will be reserved for cases in the acute or primary stage. When this stage has passed and reparative surgery is to be undertaken, the cases will be transferred to the Evelina Hospital where eight cots can be available for this purpose. Mr. Patrick Clarkson is in charge of the new Unit and Sister J. R. Tanner, who has lately gained special experience in Edinburgh and Birmingham, directs the nursing aspects.

The Burns Unit so established appears to be the first of its kind within the precincts of an English teaching hospital. The Unit is closely associated with the Pædiatric Department. This arrangement offers special advantages because a seriously injured child is a pædiatric as well as a surgical problem and the advice of Dr. P. R. Evans and Dr. R. MacKeith will thus be readily available to the new Unit.

From a research point of view the Burns Unit at Guy's is fortunate in having access to the research departments in the Medical School, and will in particular have the advice of Professor R. H. S. Thompson on the problems of enzyme chemistry which are such important factors in the early stages of burns, of Dr. P. A. Gorer on problems connected with homogeneous grafts, and of Dr. Butterfield, who has recently worked with Professor Everett-Evans, Director of the United States Research Council's burns project, on other aspects of the burns problem.

The new Unit should therefore provide not only research facilities but valuable teaching material for students and others interested in this important field of general and reparative surgery.

The whole scheme is a sequel to a request from the Ministry of Health that increased experience in the modern treatment of burns and of reparative techniques should be gained by surgical trainees ; especially in view of the demands which would be made on the medical services in any possible future conflict, in which a substantial number of burn casualties could be expected.

BOOKS RECEIVED

The *Gazette* acknowledges with thanks the receipt of the following books :—

Vitamins in Medical Practice : A Survey of Present-day Knowledge. 4th Edition. Roche Products Ltd., Welwyn, Herts.

German-English Medical Dictionary. By JOSEPH R. WALLER, M.D., and MORITZ KAATZ, M.D. 7th Edition, with Supplement. George Allen and Unwin Ltd.

The Work of Nurses in Hospital Wards : A Report of a Job-Analysis. The Nuffield Provincial Hospitals' Trust. *Price 6s. 6d.*

DOES BACTERIOLOGY HELP IN THE ELUCIDATION OF DENTAL PROBLEMS ?

*A Clinical Lecture delivered at Guy's Hospital on 15th December, 1952**

By ARTHUR BULLEID, F.D.S., L.R.C.P., M.R.C.S.

LADIES AND GENTLEMEN,—It is now some thirty years since I made the attempt to understand and classify the gargantuan mass of micro-organisms which are found in the oral cavity and about which at that time we knew very little.

I will admit that my efforts met with very little success and even now with all the advancement in technique the classification is far from complete. One thing however we have learned as a result of better oral hygiene : the number and variety of the micro-organisms found in the healthy mouth is much less than it was when I first started my investigations.

It is not surprising that the oral flora is large and varied when one considers what an ideal incubator the mouth is, possessing an even temperature, moisture, food and darkness ; in fact one might wonder what could limit the number and variety of the organisms in such ideal surroundings.

In this country I think it is chiefly due to Morris in Birmingham that at long last some order is being created out of the original chaos. He has pointed out that the number of different species of micro-organisms in the mouth has been exaggerated and though large, is less than was originally surmised and as he says, the practice and preaching of oral hygiene has made the figures given by earlier workers of very little value today.

If direct smears are made from material from the mouth and then stained it is obvious that the number of bacteria is large and that more than half the total flora consists of Gram positive and Gram negative cocci. As Morris has pointed out, however, the removal of material from the mouth and then preparation of the smears must necessitate some instrumentation and therefore apparently simple individual organisms may in fact be fragments of more complex organisms. Some coccal forms may be spores or microcysts or possibly small yeasts and some Gram positive rods may be fragments of filamentous organisms. In addition the examination of such smears does not take into account the possibility that a large number of the cells may be non-viable. Thus an examination of direct smears may give not only an inaccurate picture of the number but also of the different varieties of organisms present.

When I first commenced my own investigations I found that it was not possible to cultivate many of the organisms which appeared to be present in the direct smears but with modern techniques of aerobic

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*This lecture is based on a Presidential Address delivered to the Metropolitan Branch of the British Dental Association, published in the Dental Record, February, 1953. It is reproduced here by kind permission of the Editor of that journal.

and anaerobic cultivation it is now possible to overcome this difficulty though the spirochætal flora is still giving a lot of trouble.

I think it is true to say that the oral flora consists of specialized parasites, more general parasites and potential pathogens from other parts of the body, and accidental parasites from the outside, and it would appear that the first named group are the most numerous and important and the last named less so than was previously believed.

Now may I attempt to show you what is the source of the great oral flora which appears so soon after birth ? It is agreed by all authorities that the mouth of the fœtus *in utero* is sterile but that with the advent of extra uterine life the mouth becomes the habitat of a numerous and varied flora. Probably it is derived in the first place from the natal passages of the mother, from the nipples, the hands and the mouth of the mother or nurse and from the air. The bacteria which are first present are the Streptococci, Staphylococci, Colon bacilli and Gram positive rods similar to the aciduric bacilli found in the vagina.

In healthy mouths up to the end of the first year of life the Gram positive bacteria predominate but from this date up to school age the flora becomes much more mixed and less Gram positive.

The first important change in the flora comes with the eruption of the deciduous or foundation dentition. Prior to this the flora is aerobic but after the eruption of the deciduous dentition anaerobic bacteria make their appearance and there is no marked difference between the flora of the child and the adult. The presence of teeth is obviously of great import. In the edentulous mouth of either child or adult the number of organisms present in the mouth is markedly less than in those possessing teeth so what is the reason why the advent of teeth increases the flora ?

I think the reason is that with the arrival of the teeth conditions are produced at the gingival margins, i.e., the depth of the gingival pocket, which favour the colonization and growth of the anaerobic bacteria. This also, to my mind, brings in the important " stagnation " factor. It is interesting in this connection to mention the fact that mouth breathers show both an increase in number and variety of organisms over the nose breathers and I think I am right in saying that oral hygiene is more difficult with the former class.

Another point of interest is that the number of bacteria in the mouths of healthy adults is never quite constant. It varies at different periods of the day ; it is definitely higher before breakfast and the evening meal than it is directly after meals ; and between meals there is a gradual increase.

Diet also affects the flora not only as regards the numbers but also as regards the types present. People on a high carbohydrate diet harbour a larger number of lacto-bacilli than do those on a high protein diet, and a fruit diet decreases both the number and the activity of the organisms.

Now what takes place in the oral flora when dental disease is present ? It would seem that pathological processes in the mouth are accompanied rather by an increase in the total number of bacteria and a change in the balance of the constituent groups of individual members. This is probably due to alteration in environment brought about by

changes in the bacterial food supply, failure or absence of an essential inhibitory constituent normally present, by disorganization of the host's tissues by an extraneous ætiological agent or by a lowering of the normal tissue resistance to the infecting micro-organisms.

It would therefore seem fairly clear that the difference between the oral flora in health and disease is quantitative rather than qualitative. It is this fact that makes the bacteriological study of dental diseases such a difficult problem. Perhaps I can give you rather a crude example of what I mean. The gonococcus is not a normal inhabitant of the urethra and its presence in this situation is indicative of disease—it is in fact a " foreign " invader and as such can fairly easily be incriminated as the cause of the disease. How different is the picture in dental disease when the micro-organisms found are apparently those which are normally present in the healthy mouth !

I hope I have been able to show you how complex and varied is the mouth flora and how difficult it is to classify.

May I now briefly discuss the bacteriology of two of the most common dental diseases, namely, Caries and Periodontal disease?

Though at present we cannot give a complete answer to the rôle that bacteria play in the caries problem we can at least say this, that if there were no micro-organisms in the mouth there would be no caries.

Appleton's analogy of the jigsaw puzzle is, I think, very apt. He says that at first the fitting together of isolated pieces is rather a hit or miss effort but once we have got the central idea of the pattern the picture becomes a little clearer and the fitting in of the other pieces becomes easier. We are, I think, at the stage in the caries problem of fitting in the " other " pieces owing to the work of Manley, Morris and Hardwick.

I think that the classical view, that the initial attack in dental caries by the chemical action of the metabolic by-products of lactic acid bacteria upon the enamel, is correct.

It is due to Morris that it is now recognized that the micro-organisms on the surface of the tooth, particularly in the plaque material, are predominantly filamentous with the characters of Actinomycetes, and that, apart from the plaque, bacteria in the non-carious tooth are found only in the lamellæ in which site they appear coccal, but whether these cocci are really vegetative cocci or resting stages of bacteria is not as yet known.

Isolation of the organisms in the lamellæ will be the next step in the elucidation of the caries problem. In carious teeth bacteria infiltrating into the enamel are always found within the altered enamel and behind the line of demarcation between sound and altered enamel. In early lesions the organisms which have penetrated most deeply into the enamel are always Gram positive rods and are undoubtedly lacto-bacilli. The number of lacto-bacillus types is large and there is probably a gradual transition between true lacto-bacillus and strepto-coccus, and there seems little doubt that the acidogenic, aciduric types are more numerous in carious mouths. Morris has stated that the oral streptococci constitute a continuous series which also includes the lacto-bacilli. It may be of interest to some that Staphylococci are more frequent in carious than non-carious mouths.

In carbohydrate rich media, cultures of some oral bacteria show an initial rapid fall in the pH but further incubation of the cultures results in a rise in the pH, which suggests that the oral bacteria may themselves play a part in the removal of their end products, which is an interesting and provocative assertion.

There seems little doubt in my mind that Manley and Hardwick's contention that the products of metabolism of many bacteria, given a suitable carbohydrate substrate, will be acid ; and that some bacteria which are capable of breaking down sugars anaerobically to form acids will break down proteins when no suitable carbohydrates are present in the substrate, is correct.

Whether the proteolytic or acidogenic factor is predominant in any particular case of caries depends on the substrate in which the bacteria are growing. This contention suggests that both the acidogenic and proteolytic factors may not be distinct and separate as originally supposed.

I have produced artificial caries in teeth immersed in broth cultures of several organisms isolated from the mouth, i.e., Streptococcus salivarius, Staphylococcus aureus, Yeasts, etc., and my colleague Shuttleworth is now attempting to confirm these former experiments. I have reason to believe that quite a number of the mouth bacteria are able, in a carbohydrate substrate, to produce acid end products but probably the lacto-bacilli (especially L. acidophilus odontolyticus) produce the greatest amount.

When the organisms in the lamellæ are finally classified I think we shall have fitted in most of the remaining pieces of the jigsaw puzzle of the bacteriology of the caries problem.

The bacteriology of periodontal disease is as yet incompletely known but investigations are progressing favourably. Broadly speaking I would define periodontal disease as an inflammatory process affecting gum, periodontal membrane, and bone. This definition embraces many conditions but they are all essentially alike bacteriologically. It may well be that bacterial infection is not the primary cause of the disease but has followed after disorganization of the tissues by other ætiological factors, but what is certain is that infection has an important bearing on the progress of the disease as the tissues show a marked inflammatory reaction with pus formation.

The most striking factor bacteriologically in the disease is the marked predominance of the anaerobic bacteria, particularly the fuso-spirochætal forms. Away back in 1925 I showed that the Leptothrix buccalis is intimately connected with the formation of seruminal calculus and since I carried out these original researches it has been proved that the attraction of this organism for calcium is due to the enzyme phosphatase. Other mouth organisms can produce this enzyme but the leptotrichia produce by far the largest quantity. If there is a primary bacteriological factor in periodontal disease then I think the Leptothrix must be accorded pride of place.

The researches of Rosebury are of the greatest interest in this periodontal picture and are a great step forward in the elucidation of this question of infection. Rosebury has shown quite clearly that the so-called fuso-spirochætal flora is most complex and contains in addition to fusiform bacilli and spirochætes many cocci, vibrios,

spirilla and motile and non-motile rods. He has also shown that the disease is not due to a virus infection but that there is a characteristic and highly complex microbial flora which appears to be an overgrowth of organisms found in the healthy mouth. The frequently dramatic clinical response to antibiotic therapy would seem strong evidence of the significance of the rôle of infection in the symptomatology just as the tendency to recur after such treatment suggests that factors other than infection are also in operation.

One point of interest is that the injection of the exudate expressed from pyorrhœic pockets parenterally into guinea pigs initiates a constant, transmissable, experimental infection in which all the characteristic micro-organisms found in the pocket persist. The infection may be benign or fatal according to the dosage. Infectivity has been maintained through passage from injection of the exudate but was lost when separation and recombination of the component micro-organisms was attempted, though when the organisms were grown together in mixed culture the mixture retained its pathogenicity through at least ten culture transfers. These findings point to the fact that the microbial flora in periodontal disease is practically, but not exclusively, anaerobic and of very low virulence.

The fact that we cannot transmit Vincent's infection to man by inoculation of the exudate from the ulcers upon either healthy or traumatized gingival tissues is interpreted as indicating that the oral membranes are locally resistant to those micro-organisms isolated from the lesions, presumably by virtue of experience with them, whereas the deeper tissues lack such experience and resistance.

This at present seems as far as we have got. The infection principle in periodontal disease, i.e., that it is a fuso-spirochætal infection resides in an ecological balance of the flora.

There are of course many other fields in which bacteriology is helping to elucidate dental problems and in this lecture I have only touched the fringe of the subject.

RESIDENTS' PLAY RECORDS

The following recordings are available of music from the Residents' Plays of 1951, 1952 and 1953. Orders, accompanied by cash or cheque, should be addressed to the President of the Residents, Guy's Hospital, and the envelope should be marked " Records ".

Song Selection, 1953. 12″ record .. .. 12*s.* 6*d.*

Individual Numbers, 1953 :

(*a*) *Verymale's Song.*
(*b*) *Song of Hook and Vass.*
(*c*) *Song of P.C. Stripsem.*
(*d*) *Drinking Song.*
(*e*) *Love Song.*
(*f*) *Assistant Matron's Song.*
(*g*) *Publicity Song.*
(*h*) *Quartet.*
(*i*) *Song of the Splendid Chaps.*
(*j*) *Final Scene and Irish Jig.*

Any pair on a 10″ record .. .. 14*s.* 6*d.*
Piano Selection, 1951. 12″ record .. .. 17*s.* 6*d.*
Piano Selection, 1952. 12″ record .. .. 17*s.* 6*d.*
Piano Selection, 1953. 12″ record .. .. 17*s.* 6*d.*

The *Song Selection*, 1953, is an ordinary commercial recording and cannot be sent through the post. All the others are unbreakable direct recordings for use with a light-weight pick-up ; they can be sent by post—postage and packing (up to three records) 2*s.* 3*d.*, (more than three records) 2*s.* 9*d.*

CORRESPONDENCE

Letters to the Editor of the Gazette

Vitamins and Children's Diseases

SIR,—Merely as a general practitioner of several years' standing I was mildly surprised, if not shocked, to note the apparently tardy recognition of the fact that the child, whose case history was described under Vitamin C, was suffering from infantile scurvy. Do the present generation of Guy's men read that invaluable book of Robert Hutchison's, "*Diseases of Children*"? If so, that particular disease and its lucid description could not fail to come to mind immediately, though it is true, as Hutchinson says, that, at the age of four, rheumatism is more likely than scurvy. Are primary aments given to screaming? One sees quite a few in the course of years but they seem almost listless and apathetic. No doubt they scream on occasions as other children do.

One wonders, in the case quoted, why Vitamin C was not given earlier in the proceedings if only as a therapeutic test. Penicillin—yes: which leads one to say (*pace* the pundits in the medical journals) that it is evidently not only the general practitioner who resorts to penicillin when he is confronted with a diagnostic *impasse*.

Yours, etc.,

G. L. DAVIES.

P.S.—I now wait for the storm to burst and for Jove to hurl his thunderbolts.

Missenden Lodge,
Withdean Avenue,
Dyke Road Avenue,
Brighton, 5.

Rowing Club

SIR,—May I, through your columns, inform past and present Guy's men of the presence of a very active rowing club at Guy's? We read in every issue of the *Gazette* the wonders of other clubs. The activities of the rowing club are not so interesting in writing, but regularly the "oars" row five or six miles on the Tideway, and enjoy this most strenuous of sports.

The present members of the club produce a very promising VIII for the new shell recently purchased, and other very keen oars and sportsmen, who will form a second VIII. We also have some very skilled and experienced skullers but, alas, the club owns but one VIII, the use of other craft being dependent on the generosity of other clubs.

During the coming season I intend to enter the club for as many regattas as we can afford, both for experience and in the hope of success, and hope to bring to Guy's Rowing Club the honours it richly deserves.

Yours, etc.,

S. R. WILLIAMS,
Captain, Guy's Hospital Rowing Club.

"The Student"

SIR,—In the last issue of the *Gazette* is presented some lines: "The Student". If this is something of the truth, then it is not surprising that the authorities have insisted that the newly qualified be given some introduction to reality.

Yours, etc.,

JOHN C. DOMINICK.

Old Farm Cottage,
Wavedon,
Bletchley, Bucks.

REVIEWS

GUY'S HOSPITAL REPORTS (1953)

Volume 102, *Number* 1. *Price* 16*s.* 0*d.*

The outstanding feature of the current number of the Guy's Hospital Reports is an important article *On the occurrence of skeletal disorders in longstanding renal failure* by Dr. C. L. Joiner and Dr. M. G. Thorne. Details are given of four patients, the radiological and pathological changes being beautifully shown in a series of 22 illustrations. The authors put forward the interesting suggestion that the prolonged period these patients spend in severe renal failure is the most important factor in the development of the osteodystrophy and postulate that it may be the absence of hypertension, perhaps associated with sodium depletion, which leads to this relative longevity. This is a paper of permanent value and is particularly welcome as much of the early work on the subject was done at Guy's by Dr. H. W. Barber, who coined the term " renal dwarfism " and wrote about it in two previous volumes of the Reports.

Another valuable piece of work is Dr. A. Batty Shaw's able review of tuberculosis in medical students, dental students and nurses at Guy's during the period 1945–50, which shows that the percentage of positive Mantoux reactors on entry has not changed since the Prophit survey of 1937–43. The Mantoux conversion rate and the tuberculosis morbidity rate are both significantly lower however. This satisfactory trend is attributed partly to the general fall in tuberculous infection among young adults and partly to the precautions which have been introduced.

Other items of interest are a general review of Calcinosis by Dr. W. R. Cole ; a follow-up of psychiatric patients from the York Clinic by Mrs. Moya Woodside ; and a helpful analysis by Dr. P. L. Masters of urinary leucocyte and colony counts from catheter and non-catheter specimens in the diagnosis of urinary infections in childhood.

Finally, there is a well-illustrated article on *Monteggia Fracture* (fracture of the ulna with dislocation of the radial head) by Mr. P. A. Lane Roberts, who follows a detailed case report with a full discussion of the injury, which, he emphasises occurs commonly in childhood and is often accompanied by damage to the posterior interosseous nerve. J.C.H.

Aids to Theatre Technique. By MARJORIE HOUGHTON, M.B.E., S.R.N., S.C.M., D.N. (Lond.). 2nd edition. Baillière, Tindall & Cox. *Price* 6*s.* 0*d.*

The second edition of *Aids to Theatre Technique* is very welcome. The value of this book to the student nurse as a basis on which to build her knowledge is well established. In the chapter an anæsthetics it is unfortunate that cyclopropane has been omitted as it is so widely used.

The book had no doubt gone to the printers before the change in the colour of medical gas cylinders had been instituted by International agreement. This is particularly important with reference to Nitrous Oxide cylinders now being coloured French Blue instead of black as heretofore. This will, of course, entail corresponding change in the colour of the pressure tubing on the anæsthetic machine.

Needle holders have been omitted from the list of instruments required in the General Set.

The clear diagrams and photographs enhance the usefulness of the text and the book is well produced. M.G.S.

Signs and Symptoms in Clinical Medicine. By E. NOBLE CHAMBERLAIN, M.D., M.Sc., F.R.C.P. 5th edition. John Wright & Sons. *Price* 35*s.*

Five years have passed since the last edition of this remarkable textbook appeared, and in the present edition each chapter has undergone considerable revision. It is a work which is of great value to the student in so far as it is clearly printed and simply arranged while most of the illustrations are really informative —those in colour, with the exception of that of the jaundiced lady (page 177), being of high quality. The new glossary of technical words should prove of value to those who find some medical terminology obscure. E.E.D.T.

SPORT

RUGBY FOOTBALL

Hospitals' Cup. 2nd Round

Guy's *v.* St. Thomas's

Result : Drawn 0—0
18th February, 1953

Guy's won the toss and elected to play with the wind and slope for the first half. The Guy's forwards quickly took the game into the Thomas's 25 and Howells was only just short with a drop at goal. The Guy's forwards were winning the ball from most of the line-outs and scrummages but the close marking of the Thomas's backs and the bottling up of Howells by two excellent wing forwards never allowed the Guy's backs to get into their stride. Eventually some elusive running by the Thomas's backs enabled them to get into an attacking position but the Guy's forwards never allowed them to have enough of the ball to press home their advantage and half time came with no score.

With the wind at their backs Thomas's started the second half with some dangerous three-quarter movements in the Guy's half but stern tackling by the Guy's backs kept them out. Eventually the superior forward play, backed up by the excellent kicking of Howells, brought Guy's back on to the attack and the game settled down in the Thomas's 25. Hard though the forwards battled and the backs tried Guy's just could not find a way through the Thomas's defence. In the middle of the half Thomas's returned to the attack when some long kicks found touch in the Guy's 25, but the Guy's pack took the game back with a series of foot rushes and by now had taken over complete control of the game. Even so, winning the ball from the right, line-outs and loose was not enough to win the game and the final whistle went with Guy's still vainly trying to pierce a resolute defence.

Team : Duff ; Thomas, Hacket, Hawley, Kingston ; Howells, Knight ; Fairweather, Craigen, Wilson, Meredith, Pook (Capt.), Glendinning, Kirkbride, Honey.

Hospitals' Cup. 2nd Round Replay

Guy's *v.* St. Thomas's

Result : Lost 5—8
26th February, 1953

For this game the injured Howells went to full back, A. J. Armour and T. Smith came in at half-back and Lund joined the pack.

This time Guy's lost the toss but quickly the forwards began to dominate the game.

Guy's, however, again could find no way through the Thomas's defence although the new half backs were giving the backs more room to move. Thomas's, however, were getting more of the ball as the game wore on and although they looked dangerous, were held by the resolute defence. This half, however, was a repetition of the first game in that neither side was able to get anywhere near piercing their opponents' defence.

In the second half, however, the Guy's forwards overwhelmed the Thomas's pack and assault after assault was launched on the Thomas's line. But it was not until 20 minutes had passed that Kingston came across in a movement to make an extra man. This put Smith through in the centre and he handed on to Thomas who scored the try. A fine effort by the Guy's backs. Howells converted. It was now all Guy's, and the Thomas's defence were hard put to to hang on in their 25. With five minutes to go Thomas's looked a beaten side when a sliced kick at goal sent the ball to their unmarked right wing who ran the length of the field to be tackled on the Guy's line. From the ensuing scrum Guy's heeled but the ball went loose and a Thomas's wing forward touched down for a try that was converted. Minutes later a long kick again took play into the Guy's 25 and from a line-out on the line a Thomas's forward fell over for another try. Although Guy's tried hard there was not enough time left to score again.

So Thomas's side was allowed to snatch a very lucky victory.

Team : Howells ; Kingston, Hackett, Hawley, Thomas ; Smith, Armour ; Wilson, Craigen, Armour, Meredith, Pook, Lund, Kirkbride, Glendinning.

Guy's *v.* Old Alleynians

Away. Result : Won 5—3
14th February, 1953

This game took place on a snow-covered pitch at Dulwich. The Old Alleynians kicked off and Guy's were early on the attack, their forwards being a lively force and gaining a good possession of the ball. Several attacks faded due to bad handling in midfield but allowance must be made for the cold conditions of the day.

After 20 minutes Guy's opened the scoring. Knight broke smartly away from a set scrum about 30 yards out. Faced by the full-back he passed outside to Storey who covered the remaining ground unopposed to score near the posts. Howells added to the score with a well

judged conversion. The remainder of the half was uneventful, both sides cancelling each other out in scrappy play.

In the second half Guy's pack failed to take advantage of their lead and allowed the Old Alleynians to spoil their efforts, who, by this time, were also receiving a fair share of the ball. Their scrum-half, Evans, started some fine passing movements which came to nothing owing to an inability to run straight ahead. However they soon reduced their deficit to two points following a scrum infringement from which Guy's were penalised.

It appeared that Guy's were content to hang on to their lead without adding to it, and the remainder of the play was scrappy and uneventful except for bad handling on both sides and the occasional forward rush. No side came with Guy's recording their 11th win of the season by five points to three.

A feature of this game which is common to many of the games played this season, is that Guy's fail to take advantage of their obvious superiority in the early stages against the weaker opposition. Instead of piling up the points they tend to rest back and allow play to be carried to them. We hope this will be rectified in the Inter-Hospitals' Cup competition this season and that the latent scoring power of the backs will show itself to great effect.

Team : J. K. Duff ; D. G. Thomas, R. T. Hawley, G. W. Hackett, J. C. Kingston ; W. J. Howells, R. K. Knight ; D. K. Fairweather, A. A. Craigen, C. T. M. Wilson, H. C. Meredith, C. W. Pook, D. P. Honey, J. W. Kirkbride, W. S. Lund.

Junior Hospitals' Cup. Semi-Final

Guy's *v.* St. Mary's

At H.O.P. Result : Won 16—9
25th February, 1953

The home side expected a hard game against St. Mary's as they had beaten them in the final the previous year. From the very first whistle Guy's forwards tore into their opponents, P. Burgess at wing forward being particularly outstanding at this stage. This sudden start appeared to upset St. Mary's so that when they threw out a loose pass J. Osborne gathered it and cut through for a try under the posts. A few moments later, Guy's swept into the St. Mary's twenty-five and an attempt at a dropped goal failed. This was not gathered cleanly by the full back and D. Keen managed to fall on the ball to score Guy's second try in six minutes. This was converted by F. Trist.

D. Clark consistently outhooked the St. Mary's hooker in this half, but by this time the latter's side had settled down and their defence was superb. Then St. Mary's, after a fast three-quarter movement, succeeded in scoring through their left wing ; this, however, they failed to convert. In reply J. Osborne jigged his way over for Guy's third try between the posts ; this was converted by F. Trist. At half time Guy's were, therefore, winning 13–3.

The second half developed into a forward battle, with both sides failing to make much headway. Guy's were penalised on a number of occasions, two of which were landed ; so that once more the game was in the balance with the score at 13–9. The Guy's side seemed to realise this and fought all the harder, and towards the end of the game D. Keen made a break to send D. Lee over for an unconverted try.

Team : W. Tweed ; K. P. Walker (Capt.), J. Osborne, M. Lindsey, E. James ; D. Keen, G. Beresford ; Van den Burg, D. Clark, D. Lee, K. Wilderspin, D. Morgan, P. Burgess, S. Cooke, F. Trist.

HOCKEY

Senior Inter-Hospitals' Cup Semi-Final

***v.* University College Hospital**

At H.O.P. Result : Won 6—0
18th February, 1953

On a mild afternoon and playing on a soft but well rolled pitch, Guy's easily won this game. Our superiority, however, was not immediately apparent and for the first few minutes the U.C.H. defence tackled fiercely and cleared well.

Neither attack could settle down or came near to scoring until Willis chased a pass down the middle and put Guy's ahead. Soon Willis added a second goal with a good first time shot from a pass from Cooke. Play was now largely in our opponents' half and a cool and competent shot by Paul from a corner gave the Hospital its third goal.

The defence during this time were playing well. Tuddenham being particularly reliable.

In the second half Guy's continued to rely too much on the aggressiveness of the inside forwards and the thrustfullness of Willis in the centre and not enough on the wing forwards. Paul, Millar and Willis all of whom played extremely well, each scored in the second half. The goal by Millar came from a particularly fine reverse stick shot from an acute angle.

Guy's now meet St. Thomas's in the final. The 2nd XI has already reached the final in the Junior Cup Competition.

We should like to express our appreciation to Mr. Boyes for his firm and efficient umpiring of this match.

Team : C. Bishop ; H. M. Tuddenham, D. C. Linahan ; R. D. Sandfield, R. W. Elsdon-Dew, J. J. Hall ; J. S. Partridge, J. I. Millar, M. F. H. Willis, R. R. Paul, N. R. Cooke.

LADIES' HOCKEY

Inter-Hospitals' Cup. Semi-Final

Guy's *v.* St. Bartholomew's

At H.O.P. Result : Won 2—1
18th February, 1953

Owing to the men's semi-final this match began half an hour late on a very muddy pitch. From the first whistle Guy's pressed towards their opponents' goal and were the first to score from a good shot by S. Evans.

Barts then attacked by accurate passing between their forwards and, on reaching the circle, hit several hard shots which were well stopped and cleared by the Guy's goalkeeper R. Harrison-Bloom. The ball was once more sent up field but no more goals were scored in the first half.

The second half opened with the Barts. team well on their toes and all-out for attack, and they scored a goal after a scuffle in front of the Guy's goal mouth. This was followed soon afterwards by a second goal for Guy's by P. Tunnadine with a very accurate shot from a short corner. The rest of the time was open play until the final whistle was blown.

Team : R. Harrison-Bloom ; A. Haaregraaff, S. Hubelima ; H. Byrne, P. Lane, I Platt ; J. McNair, M. Gill, P. Tunnadine, S. Evans, J. Roberts.

HOSPITAL INFORMATION

HOUSE APPOINTMENTS—1st March, 1953

Assistant House Surgeons
To :
Mr. Slesinger : Mr. J. A. D. Briggs
Mr. Blackburn : Mr. B. Pigott
Mr. Lawrie : Mr. W. M. S. Boyd
Mr. Glover : Mr. K. J. Zilkha
Mr. Brain : Mr. F. A. F. Biddle

Appointed for six months, the first three months as A.H.S.

Assistant House Physicians
To :
Sir J. Conybeare, Dr. Hardwick & Dr. Campbell : } Mr. B. A. Tudgay
Dr. Boland, Dr. Baker & Dr. MacLean : } Mr. P. G. Dunbar
Dr. Hampson, Dr. Kauntze & Dr. Grant : } Mr. G. L. Money

Appointed for six months, the first three months as A.H.P.

Out-Patient Officers
Mr. J. Ernsting, Mr. G. L. S. Rankin, Mr. J. Liddell, Mr. C. T. M. Wilson } 3 *months*

House Surgeons
To :
Mr. Massie : Mr. M. H. H. Bishop 6 *months*
Mr. Eckhoff : Mr. J. H. Kerr 3 *months*
Mr. Atkins : Mr. P. K. M. Barrett 6 *months*
Mr. Wass : Mr. G. A. Marin 3 *months*

House Physicians
To :
Sir J. Conybeare, Dr. Hardwick & Dr. Campbell : } Mr. J. A. Smith 3 *months*
Dr. Douthwaite, Dr. Mann & Dr. Bishop : } Miss J. E. Brett / Mr. W. D. Hayley 6 *months*
Dr. Boland, Dr. Baker & Dr. MacLean } Mr. B. L. Mallett 3 *months*
Dr. Hampson, Dr. Kauntze & Dr. Grant : } Miss J. C. M. Heylen 3 *months*

Resident Obstetricians
1.11.52—30. 4.53 : Mr. A. A. Craigen
1. 1.53—30. 6.53 : Mr. D. C. Wilkins
1. 3.53—31. 8.53 : Mr. P. F. A. Crawshaw
1. 5.53—31.10.53 : Mr. M. J. Hunter

Ophthalmic House Surgeon
(Non-Resident)
—

Throat and Ear House Surgeon
Mr. C. P. B. Brook 3 *months*

Dermatological House Physician
(Non-Resident)
Mr. V. Ainsworth 3 *months*

Neurological House Physician
Mr. D. A. F. McGill 6 *months*

Genito-Urinary House Surgeon
Mr. P. J. Dwyer 6 *months*

Children's House Physicians
Mr. P. J. Lyne 3 *months*
Mr. D. M. E. Allan 6 *months*

House Surgeon to the Thoracic Unit
Mr. G. M. Karpusheff 3 *months*

Resident Junior Clinical Pathologists
1.10.52—31.3.53 : Mr. R. H. R. White
8. 3.53—31.8.53 : —
1. 4.53—31.8.53 : Mr. R. H. R. White

House Physicians in the York Clinic
1.12.52—31.5.53 : Mr. E. J. Rolls
1. 3.53—31.8.53 : Mr. P. S. Elias

Resident Anæsthetists
20.9.52—19.3.53 : Mr. J. A. Thornton
7.1.53— 6.7.53 : Mr. M. P. Coplans
20.3.53—19.9.53 : Mr. J. A. Thornton

R.M.Os., Nuffield House
18. 9.52—17. 3.53 : Mr. E. F. Soothill
8.10.52— 7. 4.53 : Mr. H. M. Baird
18. 3.53—19. 9.53 : Mr. W. M. E. Tweed
8. 4.53— 7.10.53 : Mr. O. L. Thomas

LEWISHAM HOSPITAL

Obstetric House Surgeon
Mr. A. H. Mendoza

UNIVERSITY OF LONDON

APPOINTMENT OF EXAMINERS

The following have been appointed Examiners for the M.B., B.S. Examination for Internal and External Students in 1953 :—

Applied Pharmacology : Prof. J. M. Robson.

Medicine : Dr. W. N. Mann (if more than 250), Dr. N. S. Plummer (if more than 350).

Obstetrics and Gynæcology : Mr. G. F. Gibberd. Mr. J. B. Blaikley (Associate Examiner).

Surgery : Mr. S. H. Wass.

EXAMINERS FOR THE DIPLOMA IN NURSING

Part B (1953) *Psychiatric Nursing :* Dr. T. A. H. Munro.

PASS LIST

ROYAL COLLEGE OF SURGEONS OF ENGLAND

L.D.S.

Final Examination

February, 1953

Part I. Surgery

J. H. Aust	D. P. Fawkner
D. J. Baynon	H. A. Hill
L. J. Cheeseman	S. A. Lewis
Helen C. Cummins	D. Lindsey
P. Davies	D. M. Middleditch
V. C. Evered	T. Smith

Part II. Dental Surgery

F. Allan	D. U. E. Miller
R. F. Hall	Ann E. Milne
D. K. Hardy	H. G. P. Ryan
G. L. Hunter	R. Sharp
G. R. B. Ingram	P. J. Southgate
A. F. Jones	D. L. J. Thomas
J. Lopian	J. M. Turner

F.D.S.

January, 1953

J. S. Rose, B.D.S.(Lond.)

SOCIETY OF APOTHECARIES OF LONDON

Final Examination

February, 1953

Surgery

*F. L. D. Steel

Pathology, Bacteriology and Forensic Medicine

V. C. J. Barker — R. G. Jones

Medicine

E. R. Lester — *F. L. D. Steel

Midwifery

L. F. Brunt — *C. E. Lay

*Have completed the examination.

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CHANGES OF ADDRESS

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Alan G. Parks, B.M., B.Ch., F.R.C.S., 15, Kensington Mansions, Trebour Road, S.W.5. Tel. : Fremantle 5675.

D. Saunders, M.B., B.S., Dragon Cottage, Holmer Green, Nr. High Wycombe, Bucks.

BIRTHS

DYER.—On 19th February, 1953, at the Yarborough Nursing Home, Southsea, to Anne Dorothy (née Taylor), wife of Surgeon Lieut. Haydon Dyer, R.N.—a son.

GRANT.—On 23rd January, 1953, at Nuffield House, Guy's Hospital, to Moira (née Knox), wife of Maurice C. Grant, L.D.S., R.C.S.—a daughter (Veronica Marina).

HARDY.—On 14th February, 1953, at Guy's Hospital, to June (née Horrocks), wife of Dennis K. Hardy—a son (Charles Stephen).

JEANES.—On 12th January, 1953, at Guy's Hospital, to Margaret (née Lea), wife of Alan Jeanes, M.B., B.S.—a son (Anthony John Lloyd).

WALWYN-JONES.—On 24th February, 1953, at Hammersmith Hospital, to Margaret (née Pemberton), wife of E. O. Walwyn-Jones, M.R.C.P.—a son.

DEATHS

BUSH.—On 8th February, 1953, William Henry Bush, L.M.S.S.A., of Rocklands, Chumleigh, N. Devon.

De MIERRE.—On 13th January, 1953, Albert De Mierre, L.D.S., R.C.S., of 12, Seaside Road, Eastbourne, Sussex.

GRACE.—On 10th February, 1953, Walter Henry Grace, M.D., F.R.C.P., of Oaklea, Hoole Village, Nr. Chester, aged 60 years.

EDS. { E.E.D.T. P.S.B.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXVII. No. 1687 21st March 1953 One Shilling

PASSIM

Window Boxes

AT Guy's, we are always pleasingly, if subtly, aware of the progress of the year. We are usually in harmony with the spirit of the season—be it winter with its fog-dimmed galleries of windows above a bleak park, autumn with its greetings of friends meeting after the holidays and its half shy peerings of new arrivals, or summer with a languorous mosaic of figures sleepy upon the cool and welcoming grass.

Another season is almost upon us. Natural auguries impress us with nature's renaissance. Here at Guy's we have, though yet in winter's clutch, one sure symbol that spring is nearly here : that the progress of the year is established and that soon we can think once more of the tennis court, the cricket pitch, the strawberry and the nightingale—in short, of all the tokens of the lightening of the year.

Perhaps it is because of all these happy thoughts that we welcome to the hospital the window boxes full of awakening spring flowers.

The appreciation of Mr. E. G. Slesinger which we print in this issue marks the addition of one more distinguished name to the list of *Consulting Surgeons Emeriti*. We are happy to emphasize, what is already made very clear in that article by an old pupil (and now colleague) of his former chief, that Mr. Slesinger's " retirement " on March 17th will, in fact, allow him to devote even more time to the many activities in which he is already engaged at Guy's—notably, of course, in his capacity as Vice-Chairman of the Board of Governors.

It has given us all intense satisfaction to see Sir Heneage Ogilvie (who preceded him to the *Emeritus* status last July) and other " retired " members of the staff—Mr. Layton, Professor Johnston, Mr. McNair, to name only a few—so often among us in the hospital. Mr. Slesinger's continued presence will be equally welcome. The fact is, of course, that retirement at a fixed age limit is in accordance with the rules. A Guy's man, fortunately, never really retires from Guy's.

We congratulate Mr. R. C. Brock on being elected a member of the French Academy of Surgery.

We send our hearty good wishes to Miss Eleanor Morrison, the first woman to hold a house appointment at Guy's, on taking up her new work in general practice at Cheltenham.

A few days ago a B.B.C. television unit spent some time taking shots of various aspects of the hospital and its activities. We ourselves were present, for example, when, under the glare of spot lights, some of the routine work of *Dorcas* ward was taken. We believe this ward was chosen as representing one of the " original " wards of the hospital. In this connexion, however, it is of interest to note that *Dorcas*, like the various rooms in the administrative block on the ground floor opposite, is really a makeshift made out of the cloisters (which formerly flanked the Colonnade) by having the arches filled in. The original wards were above. The shots taken at Guy's will be combined with others obtained in the United States at our sister hospital, Johns Hopkins, at Baltimore. The complete series will form a programme designed for viewers overseas. It will not be available in this country—which seems a pity.

GUY'S DIARY

MARCH		
		Exhibition. Surgical Department. *Lumbrosacral Backache.*
24th	1.00.	Dr. A. B. Wayte. Clinical Lecture. *Radiotherapy in Carcinoma of the Breast.*
26th	1.00.	Mr. S. H. Wass. Clinical Lecture. *Colostomy and its Management.*
	5.00.	X-ray Meeting. Gordon Museum.
27th	1.00.	Dr. E. J. Crisp. Clinical Lecture. *Medical Orthopædics and General Practice.*
	2.15.	Combined Round. Preclinical Classroom.
28th	10.00.	Clinico-Pathological Meeting. Clinical Theatre.
30th	1.00.	Sir John Conybeare. Clinical Lecture. *Diabetes Mellitus.*
31st	1.00.	Mr. Philip Reading. Clinical Lecture. *Infection of the Maxillary Antrum.*
APRIL		
2nd	5.00.	X-ray Meeting. Gordon Museum.

GUY'S HOSPITAL STUDENTS' UNION COUNCIL

OFFICERS, 1953—54

President	Dr. Keith Simpson.
Chairman	Mr. J. Willis.
Hon. Secretary	Mr. R. M. Clark.
Hon. Treasurer	Mr. S. O'Connell.
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Entertainments Secretary	

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E.N.T. Dressers and Medical Ward Clerks	Mr. W. P. N. Moore.

EDWARD G. SLESINGER

O.B.E., Croix de Guerre, B.Sc., M.S., F.R.C.S.

Entered Guy's 1905, *Assistant Surgeon* 1920, *Surgeon* 1933, *Consulting Surgeon* 1948, *Consulting Surgeon Emeritus* 1953.

APPRECIATION

EDWARD G. SLESINGER, O.B.E., M.S., F.R.C.S.

ON 17th March, 1953, Mr. E. G. Slesinger retired from the active staff of the Hospital and is now Consulting Surgeon Emeritus. It is often a matter of controversy that a fixed age is selected for compulsory retirement from hospital practice, and examples are cited of the apparent wastefulness of this procedure. In Slesinger's case it is difficult to imagine anyone more fitted, both in body and mind, to continue the work he has so ably and generously performed for the past 33 years. Happily, however, the breach between the man and his hospital will not be complete. At the unanimous request of his colleagues he has undertaken the laborious task of founding and organizing a Follow-up Department in the Hospital, a long-felt need which will be an everlasting memory to his valuable and distinguished services. And as vice-chairman of the Board of Governors his wise counsel will still be available upon every aspect of the life of the Hospital he loves so well.

Slesinger entered Guy's in 1905. After an outstanding academic career and distinguished service in the first world war he was appointed Assistant Surgeon in 1920. Over the years several of his house surgeons have become members of the Guy's staff and they, perhaps, know him better than most of his colleagues. The intimate association which develops between a house surgeon and his chief is required to appreciate fully the depth of Slesinger's feeling for Guy's. The good name of the Hospital and the welfare of its patients are his first considerations. He spared no effort to attain these ends and inspired those around him with his boundless energy, unfailing loyalty and complete honesty of purpose. Countless patients bear testimony to his skill as a surgeon and to the unremitting care he lavished upon them before and after an operation.

As a surgeon and teacher Slesinger's influence on the younger Guy's men has been to instil the principles of sound practical surgery, to impart a wealth of knowledge derived from his long experience, and to impress the supreme importance of clinical observations. Those who have learned at his hands have often had their moments of chagrin, but these moments taught lessons never to be forgotten. The perpetuation of the Guy's school of practical surgery should be ensured by the training Slesinger has given to his juniors and by the high standards he expected them to achieve. We owe him a deep debt of gratitude for his unstinted help in all difficulties, for his just criticisms, and for passing on to us the wisdom and traditions of his own masters at Guy's.

As a man he is " Teddy " to his intimates and " Slecky ", or more recently " The Guv'nor ", to everyone else in the Hospital. Respect and affection are showered upon him because he is a fair-minded man with sound judgment and delightful traits of character which reflect his innermost thoughts. The jovial, leg-pulling, wise-cracking Slecky

is an indication of the satisfactory state of matters sporting and professional. The brusque, agitated and temperamental Slecky, now almost unknown in the mellowness of years, is the expression of a state of anxiety usually concerned with the well-being of his patients. The silent Slecky is the signal of trouble ahead ; someone who has incurred disapproval will soon be made painfully aware of the nature and magnitude of his defection. This candour we have grown to admire in a man whose constant aim is the betterment of Guy's and the maintenance of its highest traditions of public service and advancement of knowledge.

In the last decade Slesinger's reputation has been increasingly strengthened by virtue of the qualities he has displayed as chairman of the Medical Committee and of the School Council. To these offices he has devoted an immense amount of time, energy and patience, and his leadership has been an inspiration to everyone concerned in the management of Hospital and School affairs. His tact has preserved perfect harmony between every department and an atmosphere of complete accord and happiness among individuals which is unique in a large institution. His fighting spirit has been largely responsible for the measure of autonomy which Guy's has retained in a changing era, and to this end his services as a member of the Board of Governors have been invaluable. In times beset with difficulties he has guided the deliberations of his colleagues with realism and sympathetic understanding, and has faithfully and successfully represented their considered opinions in the highest quarters.

No tributes could have been more fitting or more sincere than those recorded in the minutes of the last meetings of the Medical Committee and School Council under Slesinger's chairmanship. No man could retire with greater solace than the knowledge that he has enjoyed the confidence of his colleagues for so many years and that he has done so much for the Hospital he loves.

S.H.W.

OBITUARY

JOHN WALTER WALTON

MR. J. W. WALTON died on February 19th at his home in Folkestone at the age of 76. He qualified in dentistry at Guy's in 1902 and worked, in private practice and as Honorary Dental Surgeon to the Royal Victoria Hospital, Folkestone, until the effects of a motor accident caused his premature retirement in 1928. He was a well known botanist and geologist and was a fellow of both the Geological and Linnaean societies.

He leaves a widow and one son, to whom go our sympathy in their bereavement.

THE RESIDENTS' PLAY, 1953

THE trouble with these young consultants is that they can't control their ambitions. Take the Poison Dart Murder, for instance. That was cold-blooded enough, if you like. There he was boxed up in that cupboard and instead of slowly suffocating as he ought to have done, he goes and blows his little dart through the keyhole straight into the back of MacDrain's neck. Mind you, Stripsem did spot it, it's true, but then he let him get away, just as he let MacDrain kidnap poor Milly. A rather butter-fingered sleuth—Stripsem : his name ought to have been Slipsem ! Always so busy making his " not me " impersonate his " me " as Baffle-Dark would have said. But perhaps I had better start at the beginning.

Well, you know Verymale, the biochemist with the wiggling eyebrows ? He told me he had to stick them on at the inner ends of his own eyebrows to make them wiggle like that. However, that's beside the point . . . Well, Verymale had isolated this new steroid, Compound Q. Much better than cortisone, he thought it would be ; would keep the electrolytes in perfect balance and so get the general metabolism right. Always talking about flame photometers and a positive sodium balance of 174 milli-equivalents being cracking high, and fiddling with his slide-rule, and babbling about Selye, stress and the Generally Adaptable Syndrome.

VERYMALE

When oppressed by duress
And subjected to stress,
And depressed by excess
Or satiety,
Resist and be calm
And you'll come to no harm—
It's the stage of alarm
And anxiety.
For doctors have just indisputably shown,
Now Selye has raised the alarm,
That distress follows stress,
You're alarmed by distress,
And distressed by the things that alarm.

When you feel rather worse,
And you're terse with your nurse,
At adversity curse
In proportion ;
Your resistance did well,
But eventually fell,
And you're in for a spell
Of exhaustion.
And the stage of recovery comes later on,
Or at least you can safely foretell
That, if Nature's perverse,
Then you're sure to get worse,
And, if the reverse, you'll get well.

When the cause of disease is a mystery,
When disease is the cause of dispute.
Take a long-winded psychical history,
And you'll find that it's stress at the root,
For a minute, a month, or a year or so more,
Before shock's assault had borne fruit,
The patient got bored with his mother-in-law,
And was worried by money to boot,
Or his kids had been ragging,
His wife had been nagging,
Or any old trouble will suit,
For the theory is so practical
No problem is intractable
To the Generally Adaptable Syndrome.

There are virtuous circles of steroids,
Engendered by endocrine glands,
Each of which these explanatory spheroids
Can by-pass at will as they've planned.
And that overworked devil who revels
In leading the rest of the band,
Is being ousted by axes and levels
Which the expert alone understands.
So you pick and you use
Any hormones you choose
To explain any matter in hand ;
For the theory is so practical,
No problem is intractable
To the Generally Adaptable Syndrome.

Personally, I never could understand these endocrine merchants and their hormones ; I am sure they don't know what they're trying to do with them half the time. They are like psychiatrists—but I am coming to that in a minute. Now, Verymale had arranged to try out Compound Q on that patient of Frank Hook's that MacDrain was looking after in Gull Ward ; you remember, old Anna Sarca. Well she was on cortisone at the time, but as Verymale pointed out her serum sodium was going up and her output was going down and her kidneys didn't seem to be on the side of the biochemist. Well, Frank Hook and Sam Vass went along to Verymale's lab. to talk it over one night, the night of October 29th to be precise, and they got there at 10.25, just after they had come out of the pub—the Blue Chin and Pimple it must have been, to judge by Sam's face. You *must* know Frank and Sam, the Mansfield Wanderers. Frank goes in front coach and Sam goes in back. Mind you they're very well thought of—in very top class, and they put it all down to their North Country knack of backing the front and confronting the back.

HOOK AND VASS

Pyebridge, Ambergate, Doehill,
Clay Cross, Annesley, Langley Mill,
Shirebrook, Langwith, Stavely Town,
Bolsover, Glapwell, Tibshelf, Clown.

In Sutton in Ashfield,
And Mansfield in Notts,
We were digging potatoes,
And planting shallots.
We worked at the castle,
And lived in a shack,
And he dug up front plot
And he dug up back.

Then one day Lord Nuffield
Said, " Lads, if you're wise,
Give up thy allotments,
And take train to Guy's ".
So we came to St. Pancras,
On old Midland track,
And he goes in front coach
And he goes in back.

We worked ruddy hard,
And we never were late,
Had Public Health Lectures,
At quarter past eight,
But no one could say,
That our hygiene was slack,
When he shaved in front pew,
While he scrubbed at back.

And once in a while,
For a bit of a lark,
We'd go and play rugger,
At Honor Oak Park,
And eee ! what a muddle
We made of the pack,
Him hooking in front row,
While he shoved at back.

And year after year,
Just like innocent lambs,
We were led to the slaughter,
At final exams.
And often Dean threatened
To give us the sack.
He felt quite affronted
Quite taken aback.

And we were successful,
And made bags of brass,
Were very well thought of
In very top class.
And we put it all down
To our North Country knack,
Of backing the front,
And confronting the back.

Now Frank's a bit of a lad, Frank is, not but what Sam isn't, too, mark you. You see Frank always sees the best in everyone, especially the girls. The best varies in position from girl to girl, but Frank always sees it, and so all girls are nice girls to him. And Sam, well Sam's a bit of a lad too, one way and another. A bit grand sometimes with his " interesting, eh ? " s, " By the way, Professor " s, and " I ask you in particular to recall " s ; but he's got an eye for the girls too. He's got that sort of chest ; you know, it slopes from his neck to his tummy at just the right angle for a girl to rest her head on. In fact Mary Rose—she was MacDrain's H.P. before he died of the poisoned dart—did actually lean her frightened head on his manly chest in just that way when Verymale had that explosion with the photometer, and she engaged to handsome John Fell, Bony's H.P., all the time. And Sam's a bit of a cynic, Sam is. He agreed with Frank that Milly ought to be married ; " better off looking after a flaming man than a flaming photometer ". Then there was that Sister Gaul who asked him if he believed in miracles. " When I win both ways, yes ", says Sam, " but that hasn't happened since I ran a roulette wheel in the Externs' Room ". The trouble about Sam is, well, I don't know why, but I am sure I have seen him before somewhere. He looks exactly like a chap I knew once, but his name was Wass. Perhaps I am dreaming, perhaps it is this " differentiation " between psyche and soma, which are in complete harmony, completely adapted to their environment, and can be discerned as two separate entities by those like myself who have the necessary faculty of perception. What is the control of this perfect harmony, this perfect metabolic equilibrium ? Is it a hormone ? Stop ! By my Sam ! I am becoming de-differentiated to Baffle-Dark. I must sever this train of thought, or would I rather be a fish—or a penguin—or a pelican—or a peacock—which reminds me of Slewis. I must tell you about Slewis. But, where was I—oh yes, that chap named Wass. Well, *of course*, you know him too. Did you realise he was a ventriloquist ? Well he is, you know. I can prove it. There I was sitting in the audience of the Residents' Play—at least my soma was, and I remember distinctly sympathising with the nether parts of the soma sitting next to me, in a gangway seat—I had one of those posh seats, speaking very loosely as Jerry Desmonde would say, in what is called the main body of the hall ; I suppose because I had been asked to write this account of the Residents' Play—well, there was my soma in the audience,

and pretty somatic I felt without a cigarette—but my psyche was sitting on that fantastic edifice above the pianos reserved for the kettle drums, and my psyche distinctly saw my friend Sam Wass ventriloquising his voice into that chap on the stage from the Blue Chin and Pimple. So that's how that was done. Sounded most realistic didn't it ? Actually while I was sitting on the drums—that is my psyche was—I watched the psyches of Frank Cook, Keith Simpson, Navasquez and Kenneth MacLean come down and ventriloquise their ego into their " differentiated " counter-parts on the stage.

Well, Frank and Sam's rendezvous turned out to be five minutes too late, for Milly, the lab. girl, had just caught sight of a hooded figure pinching the stock bottle of Compound Q from the frig. in Verymale's lab. and making off with it, and she had given chase. When Verymale opened the frig. and found it was gone he became electrolytically unstable. " Kations ! my steriod ! " he exclaimed, " it's gone ! "

Well, Milly chased the hooded figure down White Hart Inn Yard off the Borough High St. On this peculiar beat was a most peculiar police constable undertaking his duties peculiar to a police constable. Up and down his Beat, his feet beat, his torch scorched, this Stripsem tripped 'em, the ghosts of the Borough's horrors, the Baskerville bark, the Klu Klux Klan in a black sedan, the murderous head of the dead hand gang who poisoned the Pope with a black meringue.

STRIPSEM

Feet, feet,
Flat feet,
Up and down
The lonely street.
It's Bleak Street,
Copper's beat.
What's going on there now ?

Night, night,
Dead of the night,
Shadows are lurking
To left and to right,
And what's that ahead ?
A mysterious sprite,
Winging it's ominous
Luminous flight ?
And you're shaking
With horror and
Quaking with fright,
Till you suddenly twig
That it's only the jig
Of the bright light
Of your flashlight,
Dancing to left and right :
A nice bright
Nightlight
What's going on there now ?

Creak, creak,
Crack, creak,
You can hardly speak,
Your knees are weak,
There's a creaking door,
And a hole in the floor,
And a howl in the dark,
And a Baskerville bark,
As a phantom dog,
Looms out of the fog,
And the Klu Klux Klan,
In a black sedan,
Riddle it's body
With
Fire, fire,
Tommy-gun fire.
Or is it the bang of a bursting tyre ?
Misfire !
Backfire !
What's going on there now ?

Look, look,
Quick, look,
There by the pillar box
Crouches a crook.
There's a stiff in his sack
With a stab in the back,
For a bloodstained knife
Has ended the life
Of the murderous head
Of the dead hand gang
Who poisoned the Pope
With a black meringue ;
And dressed as a postman
This dangerous man
Bundles the bag in the Vatican's van,
Post, post,
Straight for the coast,
The devil can take the hindermost
Last Post,
Penny post !
What's going on there now ?

Break, break,
Day, break,
Exposes the murderous suicide fake,
Of the Coroner's case
Which mutely lies
Trusting in Justice's
Compromise.
Into the room
With a rolling of drums
The Chief of Forensic Pathology comes,
Around him stands
His brigand band,
Brandishing outlandish
Knives in their hands.

For I'm really Dr. Stripsem,
Of some forensic note,
If you wish to murder your mother-in-law,
Don't hang her or sever her throat,
Don't use a revolver
Or try to dissolve her,
Or serve her as table d'hote,
Or lethal Keith'll find her teeth,
He'll make you shiver,
Set your liver all a quiver,
And your teeth will chatter
With the fascinating patter
Of a shattering anecdote.

He may give you good forensic advice as to how to murder your mother-in-law and warn you not to use a *revoalver* or to try to *dissoalve* her, but for all his pronounced preconceptions, and mis-pronounced misconceptions, we gradually realise that his efficiency is insufficient and his deficiency lies in his ineffectiveness. Prance proudly as he may from lamp-post to lamp-post he fails to observe the hooded figure escaping with Compound Q and the brave and pertinacious Milly chasing it : he is deaf for the critical latent minute to the choking screams of Milly as she is kidnapped by the mysterious thief of Compound Q. Who is he ? Well, what do you know, when Stripsem has recovered from the alarming and confusing experience of dropping his torch in fright, which is not edifying for a police constable, let alone for a forensic expert in police constable's uniform, who should he shine it upon but Neversqueeze. Now, you know Neversqueeze ; he is a pathologist, a sometimes morbid histologist, with a rather hunched back clad in an erstwhile Army officer's British Warm and inclined well in advance of his centre of gravity, a long cigarette holder, a black goatee beard, and a fixed smile, the sinister smile of a faun, and remember it is distinctly aprésmidi. You know Neversqueeze though perhaps you may put the accents on different syllables. Personally I am surprised at Neversqueeze. One might possibly excuse the very young consultants who can't control their ambitions. But Neversqueeze has reached maturity and he ought to have known better than to become involved in this sinister plot. He has plenty of common-sense for instance, and realises that all Committees are a mere formality, and that the vital decisions are taken long before the meeting. And, unlike the endocrine biochemists, the metaphysical psychiatrists and the pedantic forensic experts, he is a simple histologist who uses language you and I can understand, such as, " diffuse hyperplastic sclerosis of the interlobular arterioles " and " a well differentiated keratinising squamous celled epithelioma ". But remember he *is* morbid, and as he says a shilling a section is all that he gets for slicing and fixing and staining and gluing his eye to his microscope, whereas the surgeon, who cuts out the lump, gathers his fee and a cut off the rump. So perhaps that's why his ambitions got the better of him.

Well, we must press on. There is, you will remember, a senior Physician, one of whose distinctions is that he has appeared more often in Residents' Plays than anyone else. He has played every part from villain, in which his sinister drawl usually earns his psyche an Oscar, though his soma has often simultaneously been floating on a Mediterranean cruise, to hero which somehow never suits him so well. When he is on the Left of Law and Order, as Stripsem would say, he is a histrionic sensation. On the Right he is often ineffective. He is terribly easy to caricature, in fact everyone is always doing it even outside the Residents' Play : but you can't hit the high lights just by powdering your hair with flour and affecting the drawl and the " Hell and damnation " s. Mr. Blower, in fact, was miscast and through no fault of his own. I felt sorry for him. He was too tall and thin, the make-up experts had apparently given his face up as hopeless, and the author had rendered him characterless. He was neither benign nor terrifying, neither ridiculously inconsequent nor devastatingly logical. He was ineffectual. In fact he just wasn't our one and only Cony. But as a purveyor of plot he had his uses for he has a flat in St. Thomas's Street, and that would seem an obvious place to find the three young villains, Baffle-Dark, MacDrain and Slewis indulging in a surprisingly mild carousel—Coca-Kola, to be exact.

Slewis I have already promised to tell you about. He is a rather handsome athlete—squash, though after playing squash all he can display is squashed rackets. He is rather slick at operating—15 hysterectomies, and 25 repairs at Chelsea. Sam says he must operate on two tables at once, but then Sam doesn't know Chelsea. He is rather forward, not a backroom boy, essentially front room. He is always keeping abreast of the latest developments and indeed he is anxious to publicise if someone else will publish for him. And of course he is rather a villain. Indeed I thought this was a thoroughly unkind impersonation.

Then there is Baffle-Dark. Now here is a part in the true tradition of Residents' Play villains, beautifully symbolized by a talented actor, Mr. Mallett. Here is pure caricature ; a veritable extroverted, mystical, unscrupulous, over-sensitive cosh-boy. Here is a psychiatrist who believes in extreme physical methods of psychotherapy, such as murder, which he accomplishes with calculated cold-bloodedness—twice. His psychogenic immaturity, his lack of a super-ego, his inclination for transvetitism and mystical sorcery were exploited to the full.

And then the third young villain, MacDrain. The jovial, common-sense, kindly mask which hides the villain's face. The mundane soma which conceals the distorted psyche. The hail-fellow-well-met administrator and committee-man, with his " I agree " s and his concern for the health and happiness of his female house-physician, concealing the over-riding ambition of the medical investigator to prove that he can improve on Compound E by using Verymale's Compound Q. The perfect villain of the detective story, so normal, so natural, so nice, that you cannot believe he is the sinister hooded figure who has stolen Verymale's stock of Compound Q. So irrational a theft that Verymale involuntarily says he would have given him some if he had asked for it.

But let us go back to the plot. Guy's has acquired a mansion and estates at Godstone. It has been decided to breed laboratory animals there, and Baffle-Dark wants the whole place to be devoted to research, *his* research on psychosomatic disease and its relation to the Adaptation Syndrome of Selye. Boney will have none of this nonsense. It is to be a convalescent home, or else he will go to the ad hoc Committee, the Governors, no, to the Minister himself, or know the reason why. MacDrain quite rightly points out that this research is all very well in its place and that place, of course, is in the Department of Medicine, and so long as that is understood, well, of course, he agrees—and anyhow what about Baffle-Dark doing this sort of work in that gold mine of his, the York Clinic, and, furthermore, Neversqueeze has already moved in and has established his animal house in the kennels at Godstone. Baffle-Dark is obviously shaken to find that Neversqueeze has stolen a march on him, but he thinks he may frighten them all by pointing out that the place is haunted and that the last witches in England were publicly drowned on a ducking stool in the lake at Godstone in 1712, and that at each Hallowe'en the spirits of the witches rise from the lake and drag any onlooker in to be transformed into a bird and " fly for ever ". With that Stripsem appears with Neversqueeze whom he has apprehended. Boney is, however, not impressed with Stripsem's account of how he came to take Neversqueeze into custody, and points out that if it was in White Hart Inn Yard and at that time of night it might have been he, Boney, and not Neversqueeze who would have fallen into the hands of this fancy-dress policeman. " The sooner you stop this special constable nonsense ", says Boney, " and clear up your sexy section in the Museum the better." So Stripsem, the non-prehensile apprehender let Neversqueeze go, to have a go, and a go he has, as we shall see later.

In the meantime the three young villains and Neversqueeze adjourn to the anteroom in Boney's flat. Not having a match to light in order to study my programme I thought this scene was taking place in the Blue Chin and Pimple, for it merely consisted of a drinking song, with tankards this time instead of Coca-Kola bottles. Not of course that it mattered much, though it was a reflection on the scenery. When I looked at the programme before the Play began, and saw that there were to be 10 scenes I experienced the thrill I used to feel as a small boy being taken to the pantomime, for then the change of scenery from those exciting glades to the dungeon of the giant's castle, and then to the banqueting hall, and finally to the glorious transformation scene, excited me just as much as the pantomime itself. This childish predilection for colourful backcloths has remained with me ever since, and I must therefore confess that I was repeatedly disappointed as each new scene looked like the view a patient must have when screens have been put round his bed. I think the Residents might have been better served by Capes of Chiswick, and there rose before me the shade of Farmer (not that he is a shade, for I saw him the other day looking uncommonly healthy) and I recollected how his autumnal bronchitis so often nearly defeated our efforts to get the scenery completed by the night of the dress rehearsal. Then I remembered the Harker Brothers whose artistic temperament, though sometimes difficult to soothe, could usually be overcome by pouring spirit upon their pre-prandial water. The drinking song, however, was traditional, and gave Mr. Coplans an excellent opportunity to portray the impish, if slightly sinister, cameraderie of Neversqueeze.

NEVERSQUEEZE. BAFFLE-DARK. SLEWIS. MACDRAIN

A shilling a section is all that I get,
For slicing and fixing and staining,
For making my microscope wet with the sweat
That drips from the lips you're profaning,
Remember the Surgeon, who cuts out a lump
And sends me a bit with a label,
He gathers his fee and a cut off the rump
While I get the crumbs from his table.

But you've got a table about the same size,
Although it's been barren of late—
It doesn't tip up or go round or capsize,
But it carries a similar weight.
When we get to Godstone instead of a bit
We'll send you the bodies complete,
For research has its penalties you will admit
And our failures for you are a treat.

Bloods of the Borough ! The life-blood of Guy's,
As bedside clinicians we're brilliant and wise,
At bloodsports and gaming we've won every prize,
Cheers ! Cheers ! Cheers !

Bloods of the Borough ! A toast if you please,
Top of the bottle to Neversqueeze,
That blue blood count of the Pyrenees,
Cheers ! Cheers ! Cheers !

And so to the love theme. This was in some ways a memorable moment in the history of Residents' Plays, for here, for the first time, was a traditional Residents' Play hero, and Mr. McGill nobly upheld that tradition, confronted by a heroine who actually was a woman. Being rather old-fashioned and therefore theoretically slightly anti-feminine in these matters, my first reaction was to feel sorry for Mr. McGill, but they sang their love song and he seemed, in fact they both seemed to enjoy it.

LOVE SONG. JOHN and MARY

How grateful for a pillar's shade,
As half-excited, half-afraid,
I lingered in the colonnade,
For love to come my way.

By bankside's Anchor barges drift,
Black shadows under water shift,
Where fluids flowed, and lovers tiffed,
When love had gone astray.

When wards are dark, and lamps are low,
And bruits murmur to and fro,
Then on my night-round I would go,
When hearts beat overtime.

The cradle of my memory teems
With half-begotten cherished schemes,
And shattered all those penny dreams
Which used to seem sublime.

Old loves, lost in the Borough,
Wraith-like haunt us still,
Guy's regulations were thorough,
Parted Jack and Jill,
Love can't live on stolen minutes,
Now we'll sing like caged linnets—
House-warming, house-lovers,
Love at last can freely grow
Under that once monastic roof,
Warden-protected, matron-proof ;
Now there's a college heroine,
They never look out for love locked in.

Of course this introduction of women house-officers into the cast of the Residents' Play leads to certain complications of sex-determination and sex-differentiation which call for an expert to unravel. As I see it there are at the moment three sexes among Residents' Play actors ; men, women and pseudo-women. What I found sometimes difficult was to distinguish between the women and the pseudo-women. The tradition at present is that the heroine is a real woman, but a woman house-officer rather than a junior pro., as she used to be in my day. But if you want to impersonate sisters, or Assistant Matrons, then you

use pseudo-women (that is men dressed up as women). If you want a character who plays a real part in the plot, such as Verymale's female technician—Milly Equivalent—then you can use a woman. The time will come, no doubt, when there are four sexes : men, such as traditional Residents' Play villains ; women, such as female house-officers or junior pro. heroines ; pseudo-women such as Matrons, Assistant Matrons and Sisters ; and pseudo-men, such as the traditional Residents' Play hero, who in days gone by was always played by the President of the Residents. In the future the President of the Residents may actually be a woman, and if they conform to tradition she will obviously have to be the hero. So what about a pantomime within the next few years with the hero acted by a pseudo-man, and the heroine portrayed by a pseudo-woman ? In this present Play I thought I detected a nice piece of symbolism—the conflict between the hero and his present girl friend, a woman house-officer, and his ex-girl friend, a head nurse, acted by a pseudo-woman. The woman triumphed over the pseudo-woman. Symbolic, don't you think ? Even possibly prophetic.

And now for some more plot. The heroine house-physician is doing her night round and writing up her phenobarbs., when who should appear but the psyche of Milly, dressed like Kay Hammond in " Blithe Spirit ", if you saw it and know what I mean. Now she is obviously what you and I would call " a ghost ". But according to Verymale she might be in perfect metabolic equilibrium, and this might be something to do with Compound Q. Baffle-Dark might say that her psyche is free from her soma for a little while. The soma is restfully asleep while the mind is free to wander. Now if you don't believe all this, take Anna Sarca. She also appears in this vision to Mary Rose on her night round. She is extra-sensory now that her electrolytes are normal and her psyche can arise from her sleeping soma, and turn her biochemical umbrella inside out. Now all this proves, if it proves anthing at all (for Mary may have been dreaming as the result of all the phenobarbs. she has written up on her bed-letters) that Compound Q balances the electrolytes (vide Verymale) or differentiates the psyche from the soma (vide Baffle-Dark). So who do you think has been tampering with the stock-bottle of Compound Q ? Who was the hooded figure that Stripsem mis-apprehended ? Who experimented with Milly ? Who gave the injections to Anna Sarca ? Or is it just a Barrie-esque whimsie of Mary Rose ? Well you have 15 minutes' interval to think it out.

Now, of course, you can't keep up the tension of the plot too long, so you must open Act 2 with a little character acting. What about an Irish sister in charge of Gull Ward, complete with imprecations concerning the Brown Bull of Ulster, the leprechauns and her Blarney boy ? What about three Assistant Matrons, all distinctly recognisable in their impersonations ? What about the comic couple Frank and Sam ? And so we are all set for a song.

THE THREE ASSISTANT MATRONS

I heave a sigh as Charles goes by
That laughing Cavalier,
The heart's his line, it's also mine
But not the same idea.
With a lup dup here
And a lup dup there
His thrills are most æsthetic
He's only torn between Glyndebourne
And a symphony pathetic.

I find Frank Law has more and more
A manner that's disarming,
And time just flies as in your eyes,
He looks and smiles so charming.
Some nurses croon.
And Sisters swoon.
His fan mail is deserving
When he takes snuff from a powder puff
The sight is quite unnerving.

Now you'll agree that John Blaikley
Is doing very nicely
With an eye that's true and a scalpel too
He operates precisely.
But it's all the same
And we don't complain
If sometimes there is panic,
When the light's not right
Or his glove's too tight,
We forgive him if he's manic.

Although we work in the Matron's Office,
Do not think that we are green,
There is nothing we shall miss,
From a scandal to a lover's kiss,
Yes, everything is seen.
While on our rounds we're stiff and stern,
In keeping with our duty,
But see us out of uniform,
We're all for beer and beauty.

This song, extolling the conventional sex appeal of certain individual members of the Staff, is of course truly traditional, and was put over most effectively by the three assistant matrons, but what were Frank and Sam doing on the stage while it was being sung ? As a matter of fact they were most successful in dealing with their inactivity, by reading their Racing news and picking the winners, but it seemed to me rather unnecessary to have them on the stage at all during this time. However the song eventually led to a dance with Sister Gaul, from the Emerald Isle, Sister Towyn from Welsh Wales, and Frank and Sam from the Midlands taking part. Whether it was a Scotch reel, or a Welsh glee or just a Gay Gordon, I don't know, but they all danced it so vigorously and effectively that they ended up in a proper Irish Stew.

Miss Sonnenfeld *Miss* Evans *Miss* White

It seems that Frank and Sam had come to see Anna and are astonished to find that she is cured and to be told that she has been given the " new medicine " to get her " electric lights " right. Frank shrewdly realises that the man who gave her Verymale's steroid was probably the hooded thief himself, and though she says the arrangement was " all secret like " Frank persuades her to disclose that the man was MacDrain.

By this time the plot is obviously hatching and the next scene is in Baffle-Dark's den in the York Clinic. Here we find Sister Gaul in attendance on the mystical psychiatrist. How did she come to be there ? Well, I didn't say anything about it at the time but the previous day when the " Office " did their round in Gull, the Ward really was in a shocking mess, and so she was duly " on the mat " before Matron and sentenced to be consigned to the Snake Pit. Not that she cared really. She got her own back on the Assistant Matrons by giving them a double dose of the differentiating drug in their elevenses, so something pretty peculiar is going to happen to them. And anyhow, as she says to Baffle-Dark, when it comes to Magic it's an Irishwoman you'll be wanting. Indeed she is thrilled by all his trophies—old Mother Grimbags' original broomstick and things of that kind. Now Baffle-Dark is hard at work on another book, the Psychology of Sorcery. He has as you probably have guessed, already written a popular book, under the pen-name of David Stafford-Clarke, in the Penguin—no the Pelican—series entitled " Psychiatry Today " and for his new book he wants publicity.

BAFFLE-DARK. *SISTER GAUL*

My colleagues all have powerful cars,
They're painted black and green,
But Dr. Boland's is the one
The brightest ever seen.
It's colour means that now we have
Our very own Red Dean.
Publicity, Publicity, Publicity's the thing.

When winter comes with cold and wet,
And night skies have no stars,
Then take a trip to Marrakech,
And drink in all the bars,
They say that Guy is smoking now
Churchillian cigars.

Ralph Kauntze is such a splendid type,
He's neat and cute and slick.
A charming, cheerful sort of chap,
Who never drops a brick.
He'll practice now in India
At weekends if he's quick.

A post fell vacant on the staff,
And all and sundry came.
They couldn't pick a man from Guy's,
They had to play the game.
They wrote to Aston Villa
To transfer the dashing Brain.

There was a girl whose abdomen
Expanded more and more,
And so I called Grant Massie in,
A man no case can floor.
He hadn't seen a lump like this
Since long before the war.

What obviously concerns him now is Psychiatry Tomorrow, and this depends on this differentiating drug of Verymale's. But Sister Gaul tells him it has already been used by MacDrain on Anna Sarca. So he realises that the ground has been cut from under his feet and that the terra is no longer firma. Suddenly his repressions become decompressed and he discharges his pent-up emotions by permitting himself for one solitary moment to express an almost human emotion. "Damn", he sobs, and claws his face with his delicate and sensitive hand. In this moment of revealing self-expression he makes up his mind. MacDrain and his friends will suffer for this poaching on his preserves. Frank and Boney now arrive and ask his advice as to how this nonsense can be stopped or nipped in the bud, but they realise that he has delusions of grandeur, even though, at the moment, he is rationalising because his ego has sustained a loss of face. For one thing his appearance is rather alarming. He is dressed as a sorcerer, but Boney is getting used to this sort of thing. After all Stripsem was dressed as a Police Constable, and here is Baffle-Dark dressed as a Magician. It confirms his worst fears. "David", he says, "you're mad. You're an imposter". Now this is more than a mystical psychiatrist can stand. An imposter, indeed. How about a little hypnotism, even though Boney may not be a member of the audience at the Palladium, or a boxer in his third round. But off to sleep you go, and when I count five you'll be awake again. One, two, three, four, five . . . that's funny—never happened before. But of course, common-sense Frank knows a spot more than these psychiatrist chaps. "Boney", he says, "the firm's waiting". Now Boney has never kept the firm waiting, nor has he ever been found wanting. So back to life he comes. Nevertheless, it is all rather uncanny, thinks Frank ; he's a good boy, but he mustn't be a ruddy fool, with all this tripe about "determinants which are all derived from the fundamental principle of transcendental unity". What he really means, of course, is that given a sixth sense you can apprehend by thought alone that which is not possible to apprehend in the manifold intuition ; that is in space and time. Damn it, don't these young fools realise that he took a B.Sc. under Pembrey years before they were born ? After all he learnt all this elementary psychiatric jargon long ago from a chap who kept a pub at the bottom of Erewash Valley as you go up to Long Eaton. He has been on the road a long time and these clever young men must be careful lest their ray of sunshine ends in the unconsciousness of a foggy night.

But, of course, Baffle-Dark has only one object, to lay his hands on Verymale's drug and to liquidate that elephantine plunderer MacDrain who, by pure chance, has found the metabolic key to his researches. He is determined to triumph as he hid in Naples, Massachusetts, Toronto, New Mexico, Prague, Budapest, London Bridge and all stations to Woldingham, so we find him next in MacDrain's consulting room, furtively looking for Compound Q. He is disturbed by the voice of MacDrain off-stage, and hides in a cupboard. MacDrain comes in with John and Mary, the hero and heroine. He tries to persuade her she has been working too hard and needs a holiday. She confronts him with the truth. Did he give Verymale's steroid to Anna and did he kidnap Milly ? He dismisses them in a rage and with the threat that unless she keeps her mouth closed her name will not appear in the next appointments list. Slewis comes to say he is off to Godstone, and it is clear that this is where the thieves fall out. Slewis resents the fact that MacDrain has given the drug to Anna and has thus given the show away. "You're a fool, MacDrain", he says, "and I don't suffer fools". All they have to do is to beat Baffle-Dark at his own game by giving an extensive clinical trial to the steroid and publishing their results before he can use it. But the game is up for MacDrain is now confronted by Boney, Verymale, Stripsem and Frank, and in the face of a little concerted bullying he breaks down and confesses. He pinched Compound Q and tried it out on Anna : Neversqueeze had taken Milly down to Godstone because she recognised MacDrain, and she had also been given the drug. Then they had discovered Baffle-Dark's secret, the means of differentiating the soul from the body, the psyche from the soma. Slewis and Neversqueeze were both in the plot and of course Baffle-Dark, the arch-villain was their rival. These confessions completed, MacDrain doesn't feel well, and falls to the ground—the poison dart, do you remember ? Blown through the keyhole of the cubpoard by Baffle-Dark—but, in the meantime, each of the experts, Verymale the biochemist, Stripsem the pathologist, in their own particular way decide that the body on the floor is a dead one. Now of course a number of treatises have been published concerning the complex problem of How to Dispose of Stage Corpses. There are two principal alternatives. You can either pick them up and carry them off, which is always apt to look rather

ridiculous, and is not easy to do on a small stage like the Physiology Theatre, or you can leave them where they are. But if you do that the orthodox view seems to be that the curtain should fall at the latest within three minutes of making your kill. In this case, however, a song was sung, a very good song, in harmony and such excellent harmony (though Verymale must have torn a strip off his vocal cords getting up to those high notes) that it was bound to get an encore.

QUARTET

Whose fell hand just
Wrought this doom ?
Death's dark dust must
Seal his tomb.

It's true he's dead ; no actor's bluff
Could fall so stiff and cool ;
Some devil dark has snuffed his puff,
The beastly, grisly ghoul.

I knew this electrolyte balancing stuff
Would support an original view,
For my chemical art isn't subtle enough
To perceive that his misery's through.

Is it suicide, insecticide, iatricide, or murder ?
This slaughter is a vicious turpitude :
It's unethical, anarchical, I must have law and order,
I appeal for a judicial latitude.

CHORUS

For, whatever the forensic experts,
Or chemical advisers say,
When he's fallen at your feet,
And his heart has ceased to beat,
Then it's evident he's passed away.

Whatever be the serum sausage,
Whatever be the blood-borne bread,
We know nothing of the cause
Of this case of sudden mors,
But we're positive he's quite, quite dead.

And after the song Stripsem of course had to detect the crime, discover the poison dart, open the cupboard door to display Baffle-Dark looking rather cramped and blue in the face, and indulge in a little heavy forensic humour. " Well done, David ", he exclaims. " Congratulations on a jolly good murder, but I fear I must arrest you for the sake of Law and Order." But Baffle-Dark simply pushes Stripsem aside and escapes. " Stop thief ", cries Stripsem. " Murder ! Police ! " and blows his police whistle. And then, and only then, does the curtain fall. Mr. Fairley, as MacDrain, must have thought this scene a trifle long, though I really don't see what else the producer could do.

So now we go to Godstone where we discover Mary in the clutches of Neversqueeze. Mary has come down here to find Milly whose psyche had told her that night when she was writing up her phenobarbs., that her soma—that is Milly's soma—was being held prisoner at Godstone. Slewis appears with the news that MacDrain has confessed and that by now Baffle-Dark is probably hot on the scent, and that the best thing they can do is to escape while they can. But Neversqueeze is bolder. Tonight is Hallowe'en when the witches of the Lake drag any onlookers in and change them into birds. After all Neversqueeze and Slewis have discovered the differentiating action of Compound Q, and here is a glorious opportunity to try it out. Take the psyches of Mary and Milly down to the lake, let them be turned into birds and see what happens to their somas. Exit the villains and their victim and enter the squad of amateur detectives. These bulk exits and entrances are always rather awkward to arrange, but this was excellently contrived, for exit the villains in haste and flight, and then enter Frank, Boney, Sam, John Fell, Stripsem and Verymale in single file, bunched close together executing a sort of stealthy chorus march, with Stripsem leading dressed as Sherlock Holmes. They're all splendid chaps, and they've come to solve a frightful crime, a horrible hideous crime, and they think they've just arrived in time, just in the nick of time—with Stripsem !

THE SONG OF THE SPLENDID CHAPS

Hook, Vass, Sir John Bonydear, Stripsem, Verymale, John

We've come to solve a frightful crime,
A horrible hideous crime,
I think we've just arrived in time,
Just in the nick of time.
But of the Villains there's no sign.
Never a trace of a sign.
No matter. Here is Stripsem!

To find poor Milly is our hope,
They used my steroid as a dope,
With metaphysics we must cope,
Don't worry—Here is Stripsem!

The problem calls for thought and care,
For what we see might not be there,
The Transcendental is our flare,
Of course, for here is Stripsem!

We now proceed upon our way,
Our carefully chosen way.
To show that crime can never pay,
Can never really pay.
And see that justice wins the day,
A great forensic day.
Ah Justice! Here is Stripsem!

Now Frank is in charge. They're after Slewis and Neversqueeze for kidnapping Milly but they must look out for Baffle-Dark who'll be after Verymale's drug before you can say " Hydramnios ". Verymale has brought his portable flame photometer and they can estimate Milly's electrolytes and alter them by replacement therapy and annul the effects of Q. The psyche and the soma must then unite. Verymale and John will search the West Wing, Stripsem the East, Boney will go off by himself and Sam and Frank will have a look at the haunted lake. A scream is heard and they recognise the voice of Mary, so off they all go in search, except Sam and Frank. Sam says they'll have to be careful how they handle this—no rough stuff—yet—until they are certain that the girls are in one piece otherwise the villains may play about with the girls' psyche before they, the villains, have to surrender. In this mood they confront Neversqueeze when he appears and say they have just come down to have a look at the place before the next Medical Committee, but they ask him about the girl's scream they have just heard. Neversqueeze says it was merely the Godstone ghost, which starts from the linen cupboard at 11.30 and reaches the coal bunker at midnight. But it is Hallowe'en tonight so there's lots of traffic on the landing and the ghost is running late. With this Frank and Sam take themselves off and Neversqueeze prepares to dress himself up, but spies a Knight in Armour coming down the corridor (it is one of those baronial halls where you have armour standing about in every corner). Still it gives him a bit of a fright and he realises he feels jumpy and his nerves are not as strong as he thought—becoming demyelinated with cellular necrosis. With that Baffle-Dark appears and stabs the luckless Neversqueeze in the back. This death is nicely carried out according to the conventional American film " latent period " technique. Neversqueeze gives a couple of polite coughs ; walks on for a step or two and then uttering a terrifying scream falls full-length to the floor. Baffle-Dark snatches a mask and false goatee beard from the chest from which Neversqueeze was just about to take his clothes to dress up for the witches' sabbath, and rushes off to settle his account with Slewis. With that the Knight in Armour appears, and Stripsem arriving on the scene just too late jumps to the erroneous conclusion that Neversqueeze has been murdered by the Knight, whom he therefore accosts, tapping him on the visor and exclaiming, " Open up in the name of the Law ". But the Knight's visor has become impacted and from inside we recognise the muffled voice of that famous medical knight, Boney, declaring that he saw Baffle-Dark murder Neversqueeze. Meanwhile Verymale and John Fell have discovered the drugged girls, who have both had Q, and Verymale gets to work with slide rule to alter their Na and K (electrolytes to you).

And so to the Lake. Boney and Stripsem appear from one side of the stage. Frank and Sam from another direction, and do not recognise each other in the dark. Boney grapples with Sam and Stripsem embraces Frank. (" I have been embraced by a lot of things in my time ", says Frank, " but never by a Home Office Pathologist before ".) They disentangle and go off to combine their efforts to deal with Slewis and Baffle-Dark and " kill two birds with one stone ". Little did they know how prophetic they were. Meanwhile the stage has gone dark only to be fitfully lighted with flashes of lightening alternating with claps of thunder, and now for an ambitious piece of symbolic stage craft, which I thought just didn't quite come off. Slewis enters dressed as a demon and recites the following incantation :—

" Oh ! wicked ladies of the lake,
Your muddy murky haunts forsake,
Rise up ! in the enchanted air,
Receive the psyches of the fair.
And drag them back into the deep,
And drown them in a spell bound sleep,
Weave a curse of Magic words,
And change them to familiar birds."

The ghosts of Mary and Milly appear pursued by Baffle-Dark. The three witches (the Assistant Matrons, you remember) appear from the Lake—they were hiding behind the bull-rushes, and I found them comic rather than symbolic. The two ghosts dance a ballet and Slewis tries to entice the psyches of the girls into the lake but fails and they escape. Baffle-Dark reveals his identity to Slewis, and with the following words :—

" Too late my vengeance like a raging flood,
Seeks but one end, one end your traitor's blood,
You with your two confederates did revise,
The plan to oust me from my rightful prize.
When two stars rise up in the sky,
One will shine brighter by and by,
The other will to earth and dust descend,
That falling star is you, is you my friend."

challenges him to mortal combat. They fight fiercely, swaying and struggling this way and that until eventually they both fall into the Lake. The stage darkens again—thunder and lightning—and then up go the lights to reveal the stage empty but for the images of a Pelican (Baffle-Dark) and a Peacock (Slewis). So justice has been meted out to the forces of evil, and in the end the villains " got the bird ".

And so to the Final Chorus.

FINAL CHORUS

Tonight you may say that
This play is fantastic.
You'll say it's a play
That's completely unreal.
But if you have leanings
Towards the scholastic,
We're sure you will find,
What we've tried to reveal.

When thoughts have transcended
Beyond what is given,
Where reason can't follow,
And Logic's at bay.
You'll come to the purpose,
For which we have striven,
That infinite pleasure,
The Residents' Play.

So come away ! Come away !
To lands of Nod and make believe,
To Babylon and Tartary,
Or by the Pontic shore.
To Nisos or to Samarkand,
Or back to Ruritania,
Come join with us in merriment,
And laugh for evermore.

And so ended another Residents' Play. The verdict ? Well, I enjoyed it tremendously. The script writing was absolutely first class and the plot though it has so many facets and was highly complicated was thrilling and the tension was maintained in those scenes in which action occurred. A most ingenious plot it was and I could find no loose strings. Geoffrey Hammond is indeed to be congratulated on his final effort. The music was tuneful and fitted in well to the contrasting mood of the different lyrics, and certainly compared most favourably with contemporary popular songs and dance music. It usually does, I think. Perhaps it did not have quite the individual distinction of that of Oliver Ive or Charles de Gruchy in the old days, but the composers Michael Vickers and Geoffrey Baker, who also played the pianos, had accomplished a most noteworthy feat. By the way, I wish people wouldn't talk during the overture. It is the composers' big moment and it is a little unkind not to accord it to them. The lyrics, well, you can see for yourself, were quite first class. Read them and remember what a stringent test it is to read a lyric in cold blood without the music. Nevertheless I think you'll agree that they are ingenious, witty and devastatingly topical. Pat Montgomery and his assistants have maintained the same high level they reached

(*Photos by the Topical Press Agency Ltd.*)

Key is printed opposite : 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21

in last year's play. The acting was polished, none of those forgotten words, missed cues and false entrances. Some of the character parts were outstanding, such as Neversqueeze (Mr. Coplans), Frank Hook (Mr. Bishop) ,Sam Vass (Mr. Craigen, who was truly life-like), Dr. Stripsem (Mr. Barrett) and MacDrain (Mr. Fairley). Baffle-Dark was a superb piece of symbolic acting. John Fell was a handsome and apparently quite unembarrassed hero (how the producer must have thanked God for a hero with a good singing voice !) and the girls (Miss Heylen as Milly and Miss Brett as Mary Rose) acquitted themselves bravely in this first Residents' Play with real females in the cast. The Irish brogue of Mr. Kerr as Sister Gaul was excellent and amusing (though I am told it came from the wrong part of Ireland, but I wouldn't have known). The make-ups were uncannily good in some cases, such as Sam, Neversqueeze, Verymale and Stripsem, but surprisingly below standard in other cases, as Boney. The scenery, as I say, I think was disappointing, but that was one of the few non-Guy's products. Finally, Michael Hall as producer had drilled his team remarkably well and had shown some truly professional flairs in handling quite a large cast on that horribly small and inconvenient stage. His production had the stamp of one who has enjoyed himself doing it.

As for the standard, I think undoubtedly it is rising and that these post-war plays are far more efficient and professional than those of the middle '30s, which were really only genial and good-natured romps compared with this very polished presentation to which we are today becoming accustomed. And so we look forward to 1954 when doubtless a new author will be discovered who steps surprisingly into the shoes of his predecessor.

P.M.F.B.

KEY

1. *Miss* Hayley
2. *Miss* Tweed
3. *Miss* Sonnenfeld
4. *Miss* Evans
5. *Miss* White
6. *Miss* Kerr
7. *Miss* Rankin
8. Mr. Soothill
9. Mr. Bishop
10. Mr. Coplans
11. Mr. Salmon
12. Mr. Fairley
13. Miss Heylen
14. Mr. Hall
15. Mr. Mallett
16. Mr. Hammond
17. Miss Brett
18. Mr. McGill
19. Mr. Blower
20. Mr. Craigen
21. Mr. Barrett

CORRESPONDENCE

Letters to the Editor of the Gazette

Guy's Hospital Reports (1953)

SIR,—In the review of the above volume (7.3.53) I am given credit for pioneer work on the subject of renal dwarfism.

I hasten to point out that the credit belongs to Dr. Hugh Barber of Derby, who contributed an important paper on this subject in the *Quart. med. journal*, 1921.

Yours, etc.,

85, Harley Street, W.1. H. W. BARBER.

Matt Wells

SIR,—May I make a last appeal to all " would-be " donors to the " Matt Wells Presentation Fund " ? Unfortunately this is necessary because of the pathetic lack of response to a previous letter in the *Gazette* ; the very few who have made donations have done so generously, but there are literally dozens of ex-students who enjoyed Matt's humour, wit, and derived considerable benefit from his instruction, who have not yet shown their appreciation in the customary manner.

It is never a pleasant task to remind people about a matter so essentially pecuniary, but in this particular instance I have no hesitation in resorting once more to print.

Yours, etc.,

T. MAGOR WINSTANLEY,
Hon. Sec., G.H.A.B.C.

UNITED HOSPITALS' BOXING TOURNAMENT

will be held at

YORK HALL, OLD FORD ROAD, BETHNAL GREEN, E.C.2

On TUESDAY, 31ST MARCH, 1953

at 7.15 p.m.

Tickets :— 10*s.* 6*d.*, 7*s.* 6*d.*, 5*s.*, 2*s.* 6*d.* (all bookable) from The Secretaries, United Hospitals' Boxing Club, Counting House, Guy's Hospital, London S.E.1.

REVIEWS

BROMPTON HOSPITAL REPORTS, Vol. XX, 1951

A Collection of papers recently published from the Hospital.

The twentieth of the series of *Brompton Hospital Reports* has appeared for our instruction. Like its predecessors, it is an unpretentious, slender volume, divided into two parts. The first (176 pages) contains repritns of recent important papers on chest diseases. In the second (4 pages) is printed the Medical Statistical Tables, an in-patient and out-patient analysis of the diseases diagnosed at the hospital in the preceding year and of the treatment given.

All those interested in chest diseases and in particular the treatment of pulmonary tuberculosis, might profitably study the second part in this and the other nineteen volumes (available in the Wills Library). Nowhere else can the trends in treatment be so clearly seen. The rise and fall of gold therapy, the introduction of artificial pneumothorax and its present apparent waning in popularity, the appearance and rapid increase in the use of specific chemotherapeutic agents, and now the change from conservative to more and more radical surgery is objectively shown. It is unfortunate that the effects of changing nomenclature make detailed comparisions between some of the recent tables and those in earlier volumes difficult.

The first part of the book contains reprints of 14 papers, and one original paper, on various aspects of lung disease. All are of the high standard that we have come to expect in these reports. Special attention may be directed to the first paper (*Suppurative Pneumonia*, Howard Nicholson) in which a well known clinical syndrome is for the first time carefully described and analysed, and which must surely remain a classic. There is an interesting article by E. N. Noyes on *Tuberculomata*, where the good results of conservative treatment are convincingly argued. A useful report by the Joint Consultation Clinic for Neoplastic Diseases of the Brompton and Royal Cancer Hospital contains all the facts and figures on which to base an overall view, albeit gloomy, on carcinoma of the bronchus. Relief is mixed with pleasure on seeing the simplified anatomical nomenclature of the bronchial tree applied to bronchograms by Drs. Foster-Carter and Simon. But it is invidious to pick and choose : all the articles are good. And if the views expressed are not always entirely orthodox, they are not less interesting for that.

C.L.J.

Miracles of Surgery. By JEAN EPARVIER. Elek Books. *Price* 12*s.* 6*d.*

This remarkable book aims at the dramatisation for the layman of feats of surgery accomplished in recent years, and many of its chapters succeed in providing exciting and sensational, if at times sentimental reading. Those parts which attempt to summarise modern treatment, e.g., in the chapter on burns, and those where some technical details are added, miss the mark a little. Jean Eparvier, the French journalist author, sometimes forgets his previous medical knowledge, or perhaps knowledge acquired in this writing, and uses phrases which few laymen could follow. However the easy style, impeccable translation and attractive format make the book readily enjoyable.

It is another matter whether the general public gain from this type of " news sensation " which a foreword assures us it wants. The professional man " does not understand what the public wants as well as a journalist ". He may indeed not know what the public wants but he would certainly give an accurate and balanced picture of the progress and possibilities of surgery which this book does not, since few of the readers for whom it is intended will have the specialised knowledge necessary to give the right value to the facts presented. It is difficult to believe that readers will be left untouched in their personal problems by these human stories, particularly by the extraordinary cosmetic surgery described, whereby ugly people are made attractive, embarrassing features altered, old women rejuvenated—and all this is, in France at any rate, for a small sum if poor enough circumstances are pleaded. They will learn the value of consulting a doctor early if a lump is noticed, but they will also learn that an assurance that the lump is not or was not cancerous means nothing. They will know of many surgical treatments, but nothing of the considerations before surgery is undertaken, and little of surgery's failures.

The psychology of the patient—doctor relationship must be altered by articles and books such as these ; but, if they are to be published, then this is a worthy addition to their ranks.

R.D.W.

SPORT

RUGBY FOOTBALL

Guy's *v.* Aberavon

At H.O.P. Result : Lost 0—9
21st February, 1953

Guy's lost this very popular fixture by three tries to nil under ideal playing conditions.

The game opened with Guy's forwards carrying the game to their opponents' and getting a far better share of the ball from tight, loose and line out. It remained a forward struggle for the whole of the half ; both sets of backs seeming unable to get moving with any precision and no movements of any note resulting. Both sides came near to scoring, Guy's appearing more dangerous in the loose, rushes and Aberavon in short inter-passing amongst their forwards.

Early in the second half, E. Vincent, an Aberavon second row forward, forced his way over in the corner following a loose scrum. Ross Richards, the full back and place kicker of some repute, failed with the conversion from wide out. This try seemed to rouse the Aberavon team whose forwards came more into the ascendency and whose backs started to handle the ball in the skillful manner typical of Welsh teams. They were soon rewarded with two further tries, the first by their outside half running through from a scrum on the 25-yard line, and the second by their inside half Brace, racing around the blind side. Neither was converted. Guy's tried hard to reduce the deficit but failed to score.

Junior Hospitals' Cup Final
Guy's *v.* Westminster
Result : Won 24—3
11th March, 1953

The Guy's side were inclined to take it a little too easy in the first half, and failed to find the form they had shown against St. Mary's. Guy's lost most of the set scrums but in the loose they were robust, and thanks to the good work carried out by S. Cooke they won possession of the ball from nearly all the line-outs.

Just before half time the Guy's line was set into motion and J. Osborne cut through to score a much needed try, which was unconverted.

After half time the side seemed to be inspired. The ball was thrown around and the side remained firmly entrenched in the Westminster's half. Soon a loose ball was gathered by K. Walker coming in from the left wing who cut through the centre to set the line in motion on the opposite side of the field, so that E. Jones was able to score after a tremendous spurt of speed. F. Trist converted to make the score 8–0.

The Guy's side from then on never allowed the Westminster side to settle down. Soon R. Morgan gathered the ball from a forward rush and brilliantly dummied his way through to score. F. Trist converted to make the score 13–0. A little later J. Osborne sent K. Walker away on the left wing, but play was brought back because of a forward pass. From the ensuing scrum a Westminster wing-forward became off side. F. Trist then proceeded to put the ball right between the posts from 40 yards out.

The Guy's threequarter line was now moving well, and M. Lindsey soon sent T. James away on the right wing to score a try which was once again converted by F. Trist to make the score 21–0.

Westminster now fought back, but even then Guy's were masters, as the opposition's threequarters were tackled hard and low. Then J. Osborne again broke through to make the score 24–0.

Just before the final whistle, Westminster were rewarded for their game performance by scoring a penalty goal. Thus the game finished with the score 24–3.

This was a fitting climax to the Cup games in which Guy's have scored 51 points against 17 points. Also in the term working up they had won 11 of their last 12 games.

"A" Team. Season's Results

Won 17. Drawn 2. Lost 5.

Points : For, 267 ; against, 177.

BOXING

Once more the Inter-Hospitals' Championships approach. Guy's has won the cup every year since the war, but there are signs that resistance is stiffening and this is noticeable not only within the ring but also without, i.e., the number of supporters who are " Anti-Guy's " are increasing !

On current form the Guy's team should do well ; last December they defeated Trinity College, Dublin, by five bouts to four, and when it is remembered that the Dublin team were unbeaten for two years, that they had just defeated Cambridge and drawn with Oxford—it was quite an achievement.

The Championships are being held this year in the York Hall, Bethnal Green, on March 31st. It is hoped that the Guy's contingent of supporters will be there to fight the battle that rages " without ".

HOCKEY

1st XI *v.* King's College Hospital

Away. Result : Lost 1—2
21st February, 1953

1st XI *v.* King's College (Strand)

At H.O.P. Result : Lost 0—12
25th February, 1953

Junior Hospitals' Cup
Semi-Final
St. Bartholomew's *v.* Guy's

At Sidcup. Result : Won 7—0

ABERDEEN UNIVERSITY TOUR

Aberdeen University are to play the opening match of their London Tour against Guy's at H.O.P. on Friday, March 27th. Bully off 2.45 p.m. Spectators will be particularly welcome at this game.

EASTER FESTIVAL

The Hockey Club have again been invited to take part in the Folkestone Hockey Festival. The team will be staying from Good Friday until Easter Monday at " Tanglin ", 35, Manor Road, Folkestone.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL

Applications are invited for the appointment of **House Physician** to the Department of Medicine with which is combined the post of Resident Junior Clinical Pathologist. Duties to commence on **1st April, 1953**, or as soon thereafter as possible.

Applications should be forwarded as soon as possible to the Superintendent.

GUY'S HOSPITAL DENTAL SCHOOL

Applications are invited from registered Dental Practitioners for the appointment of half-time **Demonstrator in Special Anatomy and Histology** to commence duties on **1st October 1953**. This appointment may be held in conjunction with a part-time lectureship, teaching Dental Students, in the Anatomy Department.

Forms of application are obtainable from the Dean, Guy's Hospital Dental School, London, S.E.1, to whom applications should be sent not later than Saturday, **2nd May, 1953.**

EVELINA CHILDREN'S HOSPITAL OF GUY'S HOSPITAL

Southwark Bridge Road, London, S.E.

Required : **House Physician** (2nd or 3rd post). Appointment is from 1st May, 1953, for six months (first two months in the Casualty Department) and is recognised for the D.C.H. Salary £400 or £450 per annum, less £100 per annum for residential emoluments.

Applications stating age, nationality, qualifications (with dates) and copies of three recent testimonials, should reach the Hospital Secretary by **1st April, 1953.**

GUY'S HOSPITAL DENTAL DEPARTMENT

The Board of Governors of Guy's Hospital invite applications from registered Dental Practitioners for the following appointments to commence duties on 1st October, 1953 :—

Department of Conservative Dental Surgery.

*4 Registrars to attend for 6 sessions each per week.
5 Registrars to attend for 3 sessions each per week.
1 Registrar to attend for 2 sessions per week.

Clinical Dental Surgery.

1 Registrar to attend on 2 sessions per week.

Assistants to the Visiting Dental Surgeons.

*1 Registrar to attend on 5 sessions per week.
*1 Registrar to attend on 6 sessions per week.

Department of Mechanics and Prosthetics.

*2 Registrars to attend for 6 sessions each per week.
1 Registrar to attend for 3 sessions per week.
2 Registrars to attend for 2 sessions each per week.

Department of Preventive Dentistry.

*1 Registrar to attend for 5 sessions per week.
2 Registrars to attend for 3 sessions each per week

Extractions and Minor Oral Surgery.

*1 Registrar to attend for 6 sessions per week.

Casualty Department.

*1 Registrar to attend for 5 sessions per week.
*1 Registrar to attend for 6 sessions per week.

Dental Department for Children.

*1 Registrar to attend for 6 sessions per week.
1 Registrar to attend for 3 sessions per week.
3 Orthodontic Assistants to attend for 3 sessions each per week.

Ante-Natal Clinic.

1 Dental Officer to Salomons Centre for 1 session per week.

Dental Officers to the Nursing Staff.

1 to attend for 6 sessions per week.
1 to attend for 3 sessions per week.

The posts will be subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff in the National Health Service. Forms of application are obtainable from the Superintendent, Guy's Hospital, London, S.E.1, to whom applications should be sent not later than **Saturday, 2nd May, 1953.**

*One of the appointments marked with a star is eligible for grading as Senior Registrar.

PAPERS BY GUY'S MEN

Brock, R. C. Discussion on Reconstructive Arterial Surgery. *Proc. R. Soc. Med.*, 1953, **46**, 115.

Cohen, Sol. M. The Place of Sympathectomy in Peripheral Vascular Disease. *Ann. R. Coll. Surg. Engl.*, 1953, **12**, 96.

Earl, C. J., Thompson, R.H.S., and Webster, G. R. Observations on the Specificity of the Inhibition of Cholinesterases by Tri-*ortho*-cresyl Phosphate. *Brit. J. Pharmacol.*, 1953, **8**, 110.

Enderby, G. E. H. Postural Ischæmia and the Use of the Methonium Compounds. *Curr. Res. Anesth.*, 1953, **32**, 1.

Grewcock, Ronald J. G. A Short Survey of the Principles involved in the Establishment of Balanced Occlusion. *Amer. J. Prosth. Dent.*, 1953, **3**, 42.

PASS LIST

UNIVERSITY OF GLASGOW

M.D.

J. Joseph

CHANGE OF ADDRESS

Frank Cook, F.R.C.S., F.R.C.O.G., 14, Devonshire Place, London, W.1. (as from 27th March). Tel. : Welbeck 1052.

BIRTHS

EDWARDS.—On 7th March, 1953, at Guy's Hospital, to Pauline (née Henry), wife of Derick H. Edwards—a son.

MASTERS.—On 8th March, 1953, at Mason's Hill Maternity Hospital, Bromley, Kent, to Jean (née Newland), wife of Edgar J. Masters, M.B., B.S.—a son (Nigel James).

MARRIAGE

CATLIN — RIMMER. — On Saturday, 21st March, 1953, at St. Francis Church, Salisbury, Wilts., Robin J. O. Catlin, M.B., B.S., to Rita F. Rimmer.

DEATHS

BARBER.—On 22nd February, 1953, Reginald Owen Barber, M.R.C.S., L.R.C.P., L.D.S., R.C.S., of Alvernia, Lawrence Avenue, Ramsgate, Kent.

SPON.—On 11th March, 1953, at St. George's Hospital, the result of an accident, Harry James Spon, M.R.C.S., L.R.C.P., D.P.H., of West Lodge, Leigh, Tonbridge. A wonderful and much loved husband.

Eds. { E.H.D.T. P.S.B.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXVII. No. 1688 4th April 1953 One Shilling

PASSIM

It is with great sorrow that we record the passing of Her Majesty Queen Mary. Her death will be felt as a personal loss to all of us.

Our deep and loyal sympathy goes out to the Queen and the Royal Family in their bereavement.

BREATHING as a bodily activity is remarkable because its intricate mechanism continues to work throughout life and yet, unlike the manifestations of other "systems" which function without conscious direction, is, nevertheless under a substantial measure of voluntary control. No one can make his heart work faster, or slower—let alone stop, by a conscious effort. Yet comfort in eating, facility in speaking, accuracy of physical exertion, are all achieved because our automatic breathing mechanism can be adjusted (within the broad limits of individual respiratory capacity) by a voluntary control of the lungs. We can stop breathing at will: though no one can bring life to an end merely by holding his breath.

The respiratory apparatus in a normal individual is thus the most accessible of all the "systems" into which the composite function of the human body has been somewhat arbitrarily divided. It is easier in a moment to obstruct breathing by simple neglect than, for example, to embarrass the work of the heart or that of the kidneys, as any anæsthetist will point out to students unmindful of airways or of the correct attitude for the head of an unconscious patient. On the other hand dyspnœa as a permanent symptom frequently has some cardio-vascular factor at its origins.

This is the season of the year when only a fortunate minority escape the common cold. Such a relatively mild affliction makes us all suddenly more aware of breathing as a vital activity. Nasal obstruction need not be as hazardous to the adult as it is to the infant who is virtually unused to mouth breathing. But breathing in adult life is often too casually observed, and its variations too lightly dismissed. Professor Spurrell's clinical lecture on *Breathing*, which we print in this issue, is therefore a timely reminder to all engaged in clinical work of the importance of understanding the physiology of

external respiration. It is a reminder too of the necessity to observe those factors which cause (or the changes which may follow) any alteration of breathing habit that we ourselves may experience or be called upon to treat in others.

We congratulate Mr. R. N. Ticehurst, M.Ch., F.R.C.S., upon his appointment as Consultant Surgeon to the Hastings group of hospitals and wish him every happiness and success in his new surroundings.

GUY'S DIARY

ACADEMIC

APRIL		
		Exhibition. Department of Surgery. *Burns.*
9th	1.00.	Mr. N. L. Eckhoff. Clinical Lecture. *The Hazards of Biliary Surgery.*
	5.00.	X-ray Meeting. Gordon Museum.
	5.00.	Mr. Murray Falconer. Neurosurgical Demonstration.
10th	4.45.	Department of Child Health. Films :— *Why Tommy Won't Eat, Your Children and You.* Pathology Classroom.
11th	10.00.	Sir Zachary Cope (St. Mary's Hospital). Departmental Round.
13th	1.00.	Dr. E. J. Moynahan. Clinical Lecture. *Housewife's Dermatitis.*
	5.00.	Department of Surgery. Film :— *Abdomino-perineal Resection of the Rectum.* Clinical Theatre.
14th	1.00.	Mr. R. H. F. Brain. Clinical Lecture. *Carcinoma Bronchus.*
16th	1.00.	Dr. Alan Woods (Ophthalmologist in Chief, Johns Hopkins Hospital, U.S.A.). Clinical Lecture. *The Ophthalmological Diagnosis of Vascular Disease.*
	5.00.	X-ray Meeting. Gordon Museum.
20th	1.00.	Mr. H. J. B. Atkins. Clinical Lecture. *Is Sympathetic Surgery Really Necessary ?*
25th	10.00.	Clinico-Pathological Meeting. Clinical Theatre.

GUY'S HOSPITAL SOCIETY OF SOUTH WALES

A highly successful Inaugural Dinner was held at the Royal Hotel, Cardiff, on 14th March, at which 42 medical and dental members were present.

Mr. Clement Spiridion was elected President for the coming year, and Mr. Morwent Brown and Dr. L. Rendell-Baker were elected joint dental and medical secretaries. Mr. A. S. Davies, Llanelly, and Dr. Kingston Knight, Swansea, were appointed to serve on a Committee with the President and Secretaries.

It was decided to hold the next meeting in the autumn at Porthcawl.

The Royal Photographic Society are holding a Centenary Exhibition of Medical Photography at their house at 16, Princes Gate, Kensington, S.W.7. It is open from 7th to 30th April, each weekday from 9.30 a.m. to 5.30 p.m. (Saturdays 5 p.m.). Admission is free. Many of the exhibits, both old and new, are on loan from Guy's.

OBITUARY

HARRY JAMES SPON, M.R.C.S., L.R.C.P., D.P.H.

P.M.F.B. writes :—

DR. HARRY SPON died on 11th March after having scalded himself in a bath. Though he was 83 years of age at the time of his death, he was remarkably youthful in appearance and energetic in his habits, as anyone who has attended the Addison Lectures during the past six years will agree.

He was born at Lee, in Kent, in 1870, and educated at the Haberdasher's School at Hatcham, where he already showed an aptitude for sport, which was to gain him distinction later as a medical student.

He entered Guy's at the age of 21 as a Preliminary Science student, qualifying in 1896. He was a good all-round athlete. He captained the Second Fifteen at Rugger during an unbeaten season in 1891–92, and gained his " blue " as a three-quarter. In 1893 he represented Guy's at athletics, and in 1893 and 1894 at water polo. In 1893 he was also the first Honorary Secretary of the United Hospitals' Boxing Club. In 1894 and 1895 he was Editor of the *Gazette* taking over this post from Frederick Gowland Hopkins and handing it on to C. H. Fagge. In 1895 and 1896 he was honorary assistant secretary to the Students' Club, and he served at various times on the Committees of the Debating Society, Athletics, Swimming, Football and Students' Clubs. He took part in the " Disguysed Minstrels " a fore-runner of the " Niggers ". He therefore played an active and distinguished part in the life of the Hospital during the five years he was at Guy's.

Shortly after he qualified he went to South Africa as Medical Officer to an Expedition organised by the British West Charterland Company, and while in the tropics contributed articles on Malaria and Blackwater Fever. When he returned to England he practised in London and lived close to the Hospital on Bankside.

I first got to know Harry Spon during the war when he was suffering from a most irritating, uncomfortable and chronic skin disease. He was, however, always cheerful and never as despondent about his condition as his medical attendants. He always talked of Guy's and of the many famous men who were his contemporaries, such as Alfred Allport, Herbert Eason, Francis Freemantle, and of his teachers, such as Pye-Smith, Sir Henry Howse, Sir Frederick Taylor, Dr. Galabin, Newland Pedley (Founder of the Dental School), E. H. Starling, Sir Cooper Perry and Dr. Lauriston Shaw.

His affection for Guy's was always so real that he had a fervent desire to make a gift to the School which would enable it to establish some memorial by which the greatness of Guy's or of some of its distinguished sons might be commemorated. He was fascinated by the new specialty of endocrinology and readily agreed to make a donation to the School to enable the Addison Lecture to be established. I think this gift gave him much personal pleasure for he was a regular attendant at these lectures and took great interest in each successive lecturer. Some of them, such as Sir Henry Dale, kept up a regular correspondence with him afterwards.

Each year he used to do a busy locum at Redbourne in Hertfordshire, often dealing with surgeries of 40 or 50 patients and travelling many miles to do his visits in this widespread and scattered country practice. On these occasions he would ring me up, and he and his wife would come over to us for tea or a drink and a gossip, and the gossip was always about Guy's. I remember seeing him in this way last year and marvelling at his apparently eternal youth, his boyish enthusiasm, and his gentle kindliness. One could not imagine him ever saying or thinking anything ungenerous of anyone. Guy's has lost a son who in his work, his play and his character typified all that is best and greatest in this Hospital which we all love.

WILLIAM GRAY

W.D.D. writes :—

Many old Guy's men will hear with deep regret that William Gray, for many years College Porter, died in John Ward on March 4th, 1953, at the age of 80.

William Gray was a College Porter from 1900 to 1933. He was not only a porter but also a friend and confidant of a very large number of Guy's men of that period. He will be remembered by his quiet unobtrusive manner and his efficient way of dealing with Residents and Students at any hour of the day or night.

He used to organise the Residents' bus, which went to Epsom for the Derby every year. " Gray's Arms " was a popular port of call for senior residents and old Guy's men and there William would reminisce and sometimes be persuaded to sing a little song. The most popular refrain was that of an old cabman " Going to Peckham Rye ".

We shall all miss him, but most of all will his family to whom he was devoted. He is survived by his son, who is a qualified Dental Surgeon, and four daughters. To them we offer our most sincere sympathy in their great loss.

VALEDICTION

Farewell to Pegum the polyglot,
That megalencephalogos !
How mean to malign as
A large frontal sinus
That brow broad and fine as
St. Thomas Aquinas' !
No hollow bone raises that boss.

His polemical polymath
Presimentation
Made terse persiflage
Of a tief adumbration,
And helped him to put it across :
If received with disdain,
He would blandly explain
That a keratin chain
Seemed to fetter his brain
To the weight of a scale of horn loss.

Farewell to Pegum the polyglot,
That palingenetic Pangloss !
For his quizzical stare,
And his gay, debonair,
Intellectual air
Brought a breath of Sloane Square
To the Borough, where we melancholy got,
If it hadn't been for Pangloss—
O Pasteuresque Pegum !
Pasticcious Pegum !
Shall we ever recover his loss ?

P.R.M.

(Dr. J. S. Pegum was recently appointed Dermatologist to the London Hospital)

GUY'S HOSPITAL DENTAL SOCIETY

ANNUAL CLINICAL MEETING AND DINNER

ON Saturday, 7th March, 1953, the Dental School held its Annual Clinical Meeting and over 500 graduates and visitors attended. The programme was full and in the morning there were several interesting operations by members of the Surgical and Dental Staff.

In the Dental Department, up to date techniques of conservative and prosthetic dentistry were demonstrated and the Staff of the Children's Department are to be congratulated on their excellent display.

At noon, Professor R. V. Bradlaw delivered a lecture on *Some Lesions of the Oral Mucosa.* An excellent speaker, Professor Bradlaw gave an interesting description of the common and more rare oral conditions, well illustrated with colour transparencies.

In the afternoon the Clinical cases shown by members of the Staff proved to be very popular. Some of the more unusual cases of dental interest were shown by Dr. L. Forman and Dr. E. J. Moynahan, Physician in Charge and Assistant Physician of the Skin Department.

In the evening the Annual Dinner of the Dental Society was held at the Park Lane Hotel and some 330 Guy's men and women attended. Professor W. E. Herbert, President of the Dental Society, received the guests with Mrs. Herbert who made a charming hostess. Sir Geoffrey Marshall was one of the guests and his many friends were delighted to see him. The main speeches were delivered by Mr. H. L. Hardwick, Dean of the Royal Dental Hospital, who proposed the toast "Guy's Hospital and School" to which Mr. E. G. Slesinger responded in his usual lively fashion.

Everybody agreed that the Clinical Meeting was again an outstanding success and that the evening function rounded off a most enjoyable day.

AT THE DENTAL SOCIETY ANNUAL DINNER

Miss D. M. Smith (Matron of Guy's), Mr. E. G. Slesinger and Sir Geoffrey Marshall.

Professor and Mrs. Herbert greeting a guest.

Photos by Lawson & Co.

BREATHING

A Clinical Lecture delivered at Guy's Hospital Medical School on Tuesday, 3rd February, 1953

By W. R. SPURRELL, M.Sc., M.S., F.R.C.S.

Professor of Physiology, Guy's Hospital Medical School

LADIES AND GENTLEMEN,—The title I have chosen is a simple one, but this question of breathing is so important that I thought we might with benefit consider it for a short time, particularly as at other places I have to visit, undergraduates, and graduates too, seem to be remarkably deficient in information on the subject.

Breathing as a clinical indicator can be looked at from two points of view. There is, of course, a close relationship between breathing and metabolic activity. One may therefore hope to learn something about that aspect of a person's state from a study of his breathing. But breathing also depends upon movement, upon the co-ordinated activity of muscles, tendons and joints, and therefore is prone to be affected by all that interferes with or complicates the co-ordination of movement.

When you watch a patient breathing you watch something more than an act relating to respiration. It is the whole body in action, and from it you can learn a great deal about the body as a whole over and above the respiratory performance. Your patient will talk to you about his breathing, although he is probably not aware of the two divisions of which I have just spoken. A defect in his breathing may be due to respiratory disturbance or to locomotor disturbance, though he does not differentiate between the two. He simply says, "I breathe more (or less) when I do this or that." Then it is up to you to unravel the situation.

I want to talk about the individual breath, the movement associated with one exit and entry of air. When an individual is breathing quietly you know that the volume change is small and you can form a picture of the pattern of movement. Certain variations in this pattern can be observed and the study of such variations, the causes for their adoption and the means whereby the patient achieves them can be most instructive.

You are all familiar with the patient with peritonitis who is achieving his tidal breathing with the maximum of costal movement and the minimum of diaphragmatic movement. If you pursue that observation you do learn how the patient achieves ventilation with an appropriate adjustment of the respiratory mechanism. The pattern in the individual patient is not fixed. You can teach an intelligent patient to use costal breathing instead of abdominal breathing, and vice versa. When a patient suffering from some abdominal condition is to be put to bed and bound up with an abdominal binder he will receive from the clinician who is instructed in the matter some elementary advice as to the use of his ribs in breathing. The thoracic surgeon is faced with the opposite problem. He knows that for this patient the movement of the thoracic cage must be limited, and will encourage

patterns of abdominal breathing. A long list could be compiled of the various conditions—acute and chronic inflammatory conditions and so on—which impede the movement and demand suitable adjustments of patterns of breathing.

The next point about this movement is quantitative. We talk about deep and shallow breathing. Why worry about the individual breath ? Why not say that what we are concerned with is how many litres per minute are breathed ? But when we come to the individual breath we find it is very important to take into account the size of each breath as this influences the efficiency of the movement as judged by its achievement—the introduction of oxygen. The efficiency of the movement varies according to the depth because of that rather vague quantity the " dead space ". It is not an anatomical entity. It has no precise boundary. It is perfectly clear that the first part of the air you breathe in has a better opportunity of getting into equilibrium with the gas it meets in the lung than the last part. It is not correct to say that one part of a breath is available for gas exchanges and the other not ; there is no absolute line of demarcation. We can calculate that the equivalent of perhaps 30 per cent. of a breath is not available and this constitutes the " dead space " air. The coefficient of alveolar ventilation is $\frac{\textit{Tidal Air—Dead Space Air}}{\textit{Tidal Air}} \times 100$. This is really an expression of the percentage of each breath which is functionally available for the respiratory achievement of alveolar refreshment. After all, the respiratory object of a breath is to maintain the gas content at the actual place of interchange, i.e., the alveolus. Under ordinary conditions, as you are breathing at this moment, about 350 cc. or 70 per cent. of each breath you take becomes available for respiratory exchange. If the depth of each breath be dropped to say 300 cc. the functional dead space itself diminishes, but to a small extent, so that one has only 200–225 cc. available. The more shallow the breathing becomes, the smaller and smaller becomes the coefficient of alveolar ventilation. If the ventilation be shallow, clearly one has to use a larger number of breaths to achieve adequate ventilation and the efficiency of the mechanism goes down. If the entry of a certain amount of oxygen into the body is to be ensured, the smaller the respiratory effort which has to be taken to introduce the required amount of oxygen the more economical will be the mechanism from the point of view of respiratory movement.

Here is a table which gives the relationship between various states of bodily activity, the progressive increase in oxygen consumption and the ventilation effort employed to get the required amount of oxygen into the body.

When the subject gets up, his breathing efficiency improves as he breathes more deeply and so he requires a smaller breathing effort for each 100 ml. of oxygen absorbed. That is a good quantitative illustration of the significance of the depth of breathing. If one has a patient with pneumonia one has to think of the amount of extra work he must carry out in order to move the muscles of his chest to achieve an adequate respiratory exchange. Therefore when you see your

Table I

	O_2 mls./min.	CO_2 mls./min.	P.V. litres/min.	Ventilation Equivalent for O_2. Litres of Ventilation per 100 ml. O_2
Rest in Bed ..	*237*	*197*	*7·7*	*3·25*
„ *Up* ..	*328*	*264*	*10·4*	*3·17*
Walking 2 m.p.h. ..	*780*	*662*	*18·6*	*2·4*
3 m.p.h. ..	*1065*	*922*	*24·8*	*2·3*
4 m.p.h. ..	*1595*	*1398*	*29·0*	*1·8*

patients breathing in a shallow way do remember how extremely inefficient it is and what an additional load of muscular effort is thrown upon the patient with such a poor respiratory return.

One other point, I want to make, concerning the individual breath. We try to express the total capacity of a patient to breathe in terms of the total volume of gas he can expel with a forced voluntary effort following a maximum inspiration. You ask him to take in as much air as he can and then forcibly to expire. That represents the maximum volume change which he can produce in his thoracic cage and is called the Vital Capacity. It is significant what part of the range of vital capacity the individual uses in his ordinary everyday type of breathing. The air taken into and expelled from the lungs can be measured by the spirometer. In the ordinary individual you will note that the tidal air lies in the middle, or practically just below the middle, of the vital capacity range. In certain conditions, notably emphysema, the condition changes. The tidal air may be of normal size but when you measure the vital capacity you find that the tidal excursion is not symmetrically in the middle but well down on the expiratory side, or, to put it in another way, his functional reserve area is markedly reduced. That is just one of the examples which could be cited, but I beg of you not to forget to consider what part of the vital capacity range is occupied by the tidal air when the individual if left to his own devices for upon this consideration you can base certain therapeutic procedures.

In talking to you, the patient usually gives a pictorial description of his ventilation or pattern and volume of breathing. He does not fill in the details of the individual breath, or at least he is very unlikely to do so. Generally speaking, he says that he is more or less breathless. He talks about breathing in general terms related to everyday activity. Terms in common use to describe an increase in breathing are hyperpnœa and dyspnœa.

Let us consider hyperpnœa, or exaggerated breathing. This is increased breathing which you do not notice until attention is specially directed to it, and it is satisfactory in the sense that you do not feel respiratory distress. This sense of satisfaction is quite useful. Many of you who have experienced dyspnœa know that one of the remarkable

things about it is the sharpness of the relief when respiration becomes adequate. Those of you who are athletes know that, when you are recovering your breath, there comes a certain movement with a satisfying deep breath, after which all is comfortable. That is a very clear stage in the recovery from dyspnœa in the athlete who has just run a race and he passes to a stage of hyperpnœa which gradually subsides.

What is this point up to which increase in ventilation is tolerable, and beyond which, as the effort continues, it becomes a centre of attention to its possessor, who calls it dyspnœa ? Take an individual who has no anatomical peculiarities of a respiratory nature. His increase of ventilation in certain circumstances may be five-fold and then, at about that point, he begins to be distressed. Why does he become aware of it ? It is partly a sense of the actual work he is doing, the actual excursion of the chest, the actual exaggeration of movement, but it is not entirely that. There is also the very definite feeling that his respiratory needs are not being satisfied by the effort of muscles, tendons and joints which are operating in the actual movement. There are, so to speak, reports from two sources being received in his consciousness : one from from the muscles, etc., concerned with the movement, and the other coming along pathways like the vagus and arising by virtue of the respiratory condition of the subject. You must recognise that you can get a state of dyspnœa which can be forced upon you by changes in either of these sources. You may be forced to a sense of dyspnœa for metabolic reasons, because of the increased production of carbon dioxide or because of oxygen shortage ; there are also signs coming from the chest and abdomen associated with the actual effort concerned. On this additive information reaching a certain level you become aware of it in consciousness and so you are dyspnœic. This is a very important symptom and one of the most significant to which we have to pay attention when assessing respiratory function. The patient will tell you when he becomes breathless ; when he reaches a certain degree of activity he notes the appearance of his difficulty, and so we have to grade our patients in terms of the degree of activity which produces this particular impact upon the consciousness which is called dyspnœa. There are, therefore, many factors which contribute to this state and we must try to classify them. There is a limit to the extent to which a subject can increase his breathing and a measurement of this can be made if the subject breathes maximally through a gas meter or into a Douglas bag : four bursts of 15 secs. of such maximal breathing are added together and the sum is referred to as the maximum breathing capacity (*M.B.C.*) expressed in l/min. There is a relationship between the work done in an exercise and the CO_2 production entailed and so with the ventilation employed to remove that CO_2 : thus the ventilation cost of an exercise may be measured in l/min. (*E.V.*) and used as an index of the respiratory needs of the subject. The expression

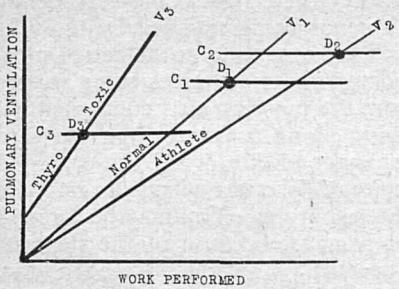
$$\frac{M.B.C.—E.V.}{M.B.C.} \times 100 \text{ or } \% \textit{ Respiratory Reserve}$$

is an index of the strain thrown by an exercise upon a subject's breathing

capacity and if this value falls below 60 the subject is likely to be dyspnœic. It is clear that this value may be affected by changes in M.B.C. or in E.V. or both but it is doubtful whether the subject will differentiate between these various situations. Factors that influence M.B.C. are very numerous as they embrace all the conditions that affect the vital capacity of the subject. Factors that affect the E.V. are the degree of exercise and the metabolic efficiency of the subject. If a standard exercise is adopted then this ratio can serve as a standard of comparison between different subjects or in the progressive study of one subject and will help in grading patients suffering from any impairment of breathing.

In the diagram are a few examples showing how the interplay between the breathing capacity and metabolic efficiency affects the point at which dyspnœa develops. This point will always be described by the patient in terms of the amount of work he has to do to precipitate dyspnœa. V_1 represents the ventilation reaction of a normal man, i.e., possessing a normal *M.B.C.*, to progressive increases in work and the point D_1 being that at which dyspnœa develops—thus D_1 relates a certain increase in ventilation to a certain amount of work and this corresponds to an increase in *E.V.* to a point within dyspnœic distance of *M.B.C.* V_2 gives a similar picture for the athlete—the line does not rise so steeply for the metabolic efficiency is greater so that for any increase in work there will be a smaller increase in ventilation, i.e., *E.V.* increases more slowly. In addition *M.B.C.* is greater because of the physical training of the athlete. It follows that the athlete will be able to cope with a greater load of work because *M.B.C.* is higher and *E.V.* rises more slowly than in the untrained and so the dyspnœic point D_2 occurs at a higher work level. V_3 records the performance of a subject with hyperthyroidism. The increased *B.M.R.* places the resting ventilation at a raised level and the metabolic inefficiency is responsible for the steepness of the line V_3, i.e., *E.V.* increases far more rapidly than in the normal. Furthermore the vital capacity of these cases is reduced and so is the *M.B.C.* The reduction in *M.B.C.* and the rapidly mounting *E.V.* are responsible for finding the dyspnœic point D_3 at a much lower work level than in the normal.

Table II



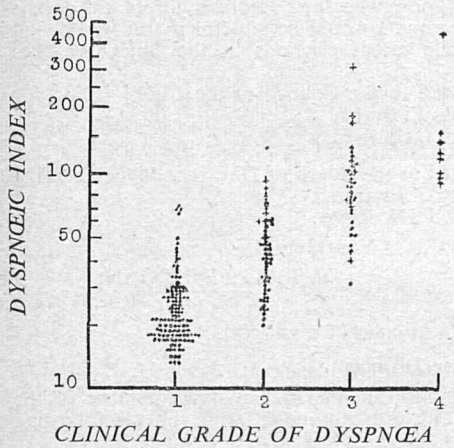
Another form sometimes employed to express this relationship between breathing capacity and the ventilation cost of exercise is the " dyspnœic index ".

$$\frac{E.V. \times 100}{M.B.C.} = Dyspnœic\ Index.$$

Using a standard exercise which gives a work level of 350 kgm./min.

values for this index have been obtained in a series of patients with pneumoconiosis. Figure 1 shows that the values obtained correlate very well with the clinical gradings of dyspnœa in the group.

Figure 1



CLINICAL GRADE OF BREATHLESSNESS

GRADE 1 : Is patient's breath as good as that of other men of his own age and build at work, on walking, and on climbing hills or stairs ?

GRADE 2 : Is patient able to walk with normal men of own age and build on the level but unable to keep up on hills or stairs ?

GRADE 3 : Is patient unable to keep up with normal men on the level, but able to walk about a mile or more at his own speed ?

GRADE 4 : Is patient unable to walk more than about 50 yards on the level without a rest ?

There is one other group of dyspnœic states which really is not covered by this concept of respiratory reserve, though probably an element can be found in any form of dyspnœa. If a knife be driven between the ribs the victim will become in a moment acutely dyspnœic. His dyspnœa in such a case is not dependent upon any disability in the provision of oxygen or the removal of carbon dioxide : he is not dyspnœic because of respiratory need. Some of you may have had the unpleasant experience of needling a chest and precipitating a paroxysm of dyspnœa. When the needle impinges upon the fairly wide receptive area of the vagus it may precipitate dyspnœa. This is an acute and dramatic presentation of a dyspnœa, which is not dependent upon metabolic activity nor upon a change of vital capacity, but upon a stream of impulses passing up from irritated nerve endings in lung and pleura. The same is true of acute occlusion of the bronchus or laryngeal irritation, etc. There are also types of dyspnœa in which the source of these impulses lies higher up, the cause being ascribed to hyperthalamic irritation. Experimental stimulation of the cerebral cortex can produce a dyspnœa. Dyspnœa may be aggravated in a patient who is apprehensive or is having unpleasant experiences. One must always be prepared to make allowance for the addition of some nervous element to the fundamental causes of any dyspnœa. Here, then, are a few points to consider about breathing—the pattern, size and position of the individual breath, the conditions that decide the dyspnœic point and the possible intrusion of some nervous component. In this lecture, I did want to encourage you, when you see your patient breathing, to think more about the underlying causes and for your own sake and your patient's advantage to attempt to glean a little more information than is afforded by the mere record of the respiration as printed on a chart.

CORRESPONDENCE

Letters to the Editor of the Gazette

Clubs' Union Elections

SIR,—In order that students may know who their Representatives are on the Clubs' Union and Catering Company, I would be grateful if you would find space to print the results of the recent elections at the Students' Club Committee.

The following students were elected to the Council of the Clubs' Union for 1953–54 :— Miss E. Burns,
Mr. J. Bullard.

The following students were elected to the Board of Directors of the Catering Company for 1953–54 :— Miss J. Endean,
Mr. F. N. Rigby.

Yours, etc.,

Guy's Hospital,
S.E.1

T. R. L. FINNEGAN,
Hon. Sec., Students' Club

Water Divining

SIR,—The article on this subject appearing in the Christmas number of the *Gazette* interests me very much and prompts me to send you the following story.

I was in S. Rhodesia, in the 8,400 acre grounds of a leprosy hospital, about 1935. We were short of water, the boundary river was two miles away, and boring was considered.

Several people came down, including the Medical Director and a P.W.D. man, altogether about six of us, including my wife. The P.W.D. man cut a forked twig from a near-by " wild orange tree ", not a citrus, I have forgotten its botanical name. We were instructed to grasp the twig *very firmly* in the palms of the two hands, in supine position, the twig pointing forward in horizontal position.

Operations began in my beautiful garden, 20 yards from the house, P.W.D. man first. DOWN went the twig very forcibly and quickly (not UPWARDS as in Dr. Lintott's case). Thinking this was a deception, I said, " Here, give me the twig ! " I walked about, and when I reached the same spot as the P.W.D. man, down went the twig. Grasping more firmly than ever, I could not prevent the rotation. My wife performed as creditably as I did, and I think that *nobody failed* ! I said that if they started to bore in my flower garden, I would resign at once. I was not going to have my lovely garden turned into a P.W.D. yard !

The sequel is interesting as amusing. A real Major appeared one day, said he had come about the bore hole. I said nothing. He asked if I could show him any " blue shale ". Yes, of course I could, r ght away from the garden, and I led him quickly to an old shallow well, from which blue shale had been excavated. Picking up a stone, football size, he threw it carelessly in front of him, and said, " That's the place " ! I added more and more stones, to make a fair-sized beacon, that could be found again (not in my garden amongst the glorious dahlias !).

In due course along came the boring machine, a great clanking thing that had to be fed with lead shot. Fissured granite was struck at about ten feet. M.D. got to hear of this site, ordered everything to be pulled up and moved into my garden ! I chose a site well away from the house, behind trees, the twig had given a nod here. When he heard of this, the Major was furious, everything had to be packed up again and moved back to the blue shale site. I was written to very peremptorily later to ask if it was grue that the M.D. had ordered the thing into my garden ? Yes, he certainly did, the blighter ! I'm told that he was asked to pay for four days' boring at £50 a day ! I have given up wondering if he ever paid up, but I'll take a bet on that !

But to continue with the boring, water was found at 100 feet. No dowsing here, only in my garden. This bore dried up after a few years. Major said,

" *Go 20 feet to South* ". *No water at 150 feet.* " *Go 20 feet North* ", came the order. No water at 200 feet. By this time, the original bore was producing water again, but everybody was tired of boreholes, and a magnificent pumping plant was put down on the river bank, not at the top, but some way down the side well above the highest known water mark. Down came a terrific flood one night, and there was nothing to be seen of the plant in the morning. The house had gone, but the engine, pump and filter were later discovered in the mud !

The interest of this story lies in the VERY FIRM GRASP of the twig, even digging the elbows hard into the ribs, and the downward rotation of the twig, and the fact that nobody failed to do the trick. A man came later, armed with a pretty little forked affair made from elephant's tail hair. It worked, just as the twig had done, and the gentleman averred positively that there was an underground " river " flowing from the granite hills to the east, right under my garden to nobody knows where. He came from South Africa, where, I'm told, that dowsing is a popular pastime.

Yours, etc.,

P.O., South Kinangop,
Naivasha, Kenya.

B. MOISER.
(Guy's 1900 to 1904)

Guy's Reunion in East Anglia

SIR,—It is proposed that the Guy's men in the Colchester-Ipswich area of East Anglia should meet for dinner during the late spring or early summer, and it is hoped that from such an initial gathering a Guy's dining club might be formed to meet once or twice a year. May I appeal through the columns of your journal to any Guy's men who are interested to get in touch with me ?

Red House,
Sproughton,
nr. Ipswich, Suffolk.

Yours, etc.,
HUJOHN RIPMAN.

PUPILS' PHYSICAL SOCIETY

The joint meeting of the Society and the St. Thomas's Hospital Physical Society was held on Thursday, March 19th, at St. Thomas's, when 30 members, accompanied by Dr. J. H. Baylis (Hon. Sec.) and Dr. D. C. Deuchar and under the presidency of Messrs. G. C. W. Baker and P. S. Boulter were the guests of their Society. Patients and specimens of great interest were shown and after dinner an animated discussion ensued. The evening was very enjoyable and those members who were present were entertained nobly. The presence of several members of the senior staff of St. Thomas's was appreciated by the audience, who derived considerable benefit from their share in the discussions.

A letter has been received from Mrs. Anderson Cocks of the Jamaica S.P.C.A. (Animal Hospital) expressing her thanks for the package of instruments received in response to her appeal in our columns last year. Any further contributions will be welcome and should be addressed to her at The Animal Hospital, Brown's Town, Jamaica, B.W.I.

REVIEWS

Biochemistry in Relation to Medicine. By C. W. CARTER, M.A., B.M., and R. H. S. THOMPSON, M.A., D.M. 2nd edition. Longmans. *Price* 30*s.*

The appearance of a second edition of this readable and scholarly book is, at once, a compliment to the authors for their novel treatment of the subject and a commentary upon the recent rapid advances in Biochemistry.

The chapters on acid-base balance, the vitamins and hæmoglobin in particular, are brought into line with the latest research and are an improvement upon the corresponding chapters in the last edition. The frequent reference to original papers, both old and new, and the long bibliography are a delight, both to the research worker and the enthusiast, while the lay-out of the book is attractive and, in general, the subject matter is, throughout, of great help to the student.

Rather surprisingly, the section upon gastric function is devoid of reference to the improved methods of investigation of gastric secretory activity, which are so largely due to workers from this school. Similarly, no mention is made of the insulin test meal technique which is probably also worthy of reference.

It is also, perhaps, a debatable point whether the space devoted to experimental work is justified when most universities and colleges have their own time tested course of practical study.

This book is a good guide for the preclinical student of biochemistry and, with some alteration and addition, could also be a satisfactory textbook of chemical pathology for the clinical student and practising physician. P.S.B.

An Introduction to Social Biology. By ALAN DALE. 3rd Edition. 434 pages, 199 figures in the text. London : William Heinemann, Medical Books Ltd. 1953. *Price* 21*s.*

This stimulating and very readable account of biology in relation to our everyday lives has already proved itself, having passed into its third edition within five years. It is a book of wide appeal and is in no sense a textbook. It was conceived by the author as the result of " a series of discussions with the combined Sixth Forms (Arts, Science and Modern) of a large Secondary School ". It therefore demands no special knowledge and can be read with profit, and indeed enjoyment, by any intelligent person. Since, however, man is taken as the main theme, the book has a special interest for the medical man or woman, student or nurse, doctor or dentist, public health worker or dietician.

The author ranges over such topics as life in space and time ; the measurement of the age of the earth and of the rocks composing it ; the idea of organic evolution ; man's structure compared with that of other animals ; behaviour ; the inheritance of characters, good and bad ; hygiene ; a brief history of medicine—up to the National Health Service ! ; food and drink and the Public Analyst's Department ; man's effect on the Balance of Nature ; a chapter on population (new to this edition); social life in the animal world ; man's place in the world ; and a final chapter speculating on that most elusive thing—the nature of life. In addition the author gives a well-chosen list of books and official documents for further reading, most of which will be found in any good public library.

Mr. Alan Dale is particularly to be congratulated for having the courage to debunk, in a book intended for the general reader, the idea that man is " important " or the " most highly evolved " of animals. In the author's own words : " Viewed biologically, man is not the most important organism for the continuation of life. The green plants which produce the world's food supply must vie with such scavengers as bacteria and fungi for this honour. The living world could go on quite well without man, but the other two groups are indispensable." E.W.B.

Manual of Massage and Movements. By EDITH M. PROSSER. 4th Edition. Faber and Faber. *Price* 20*s.*

This book does not represent the modern trend of thought in physiotherapy, nor is it sufficiently comprehensive in its scope.

It shows a slavish adherence to the static exercises of Swedish drill which build up muscle bulk, rather than to the Greek ideal of speed, precision, mobility and grace of movement, as instanced in the free active exercises and purposeful movements of today.

The practical application of the exercises to the treatment of a patient is so lightly touched upon that it would have been better to have omitted it altogether.

The illustrations are excellent. J.F.

SPORT

LADIES' HOCKEY

Inter-Hospitals' Cup Final

Guy's *v.* Royal Free

Result : Lost 1—5
4th March, 1953

For the second time since the initiation of a Ladies' Inter-Hospitals Tournament, three years ago, Guy's met the Royal Free in the final, and for the second time, after a most enjoyable game, had to admit defeat.

During the first twenty minutes of the game, neither side showed any marked superiority, although one or two dangerous movements by the Royal Free forwards were only countered by the resolute tackling of the Guy's defence. The Royal Free were the first to settle down and their inside forwards ably led by their centre forward pierced the Guy's defence several times but Harrison-Bloom in goal proved adequate to these attacks and no score resulted.

Then in a lamentable lapse just before half time the Guy's goal fell three times, the first and third goals were well scored but the second might have been prevented by a little more vigilance.

After the interval the Guy's team seemed refreshed and from one of their attacks, Tunnadine, receiving a pass from Evans, scored a good goal. This put fresh life into the Hospital side and for a short period they dominated the play. Soon the Royal Free reasserted themselves and the best hockey of the game was seen, play became faster and more open and passes were accurately given.

Before the final whistle sounded the Royal Free scored two more goals. The fifth goal completing a well earned hat-trick for their centre forward.

One of the features pf this game was the play of the Royal Free inside forwards who were fast, possessed good stickwork, and passed intelligently. They were generally faster on the ball and more accurate in passing, but in all fairness it must be said that Guy's played with spirit throughout the game and never gave up trying. In the latter respect Evans at inside left and Lane at centre-half were outstanding.

Team : R. Harrison-Bloom ; A. Haanegraaff, S. Hutchinson ; H. Byrne, P. Lane, I. Platt ; H. Allin, M. Gill, P. Tunnadine, S. Evans, J. McNair.

SQUASH

The match results for the 1952–53 season were :— 18 won, 14 lost. The 2nd team :— 5 won, 3 lost.

Guy's lost to London Hospital by 3–2 in the second round of the Hospitals' Cup, having defeated St. George's Hospital by 5–0.

In Division III of the Cumberland Cup Guy's were placed third to Lensbury Club and Eton Manor Old Boys.

The following are those who have played for the 1st team throughout the season :—

M. A. C. Lyon, J. V. Parson (Capt.), M. G. P. Chignell, S. J. Lam, A. N. Pollock, F. A. F. Biddle, D. J. Palmer, P. J. Frost.

M. A. C. Lyon, Captain of the U.H.S.R.C., was invited to play in the Welsh Championship. He was defeated by the Royal Navy and Welsh Champion A. A. T. Seymour-Haydon by 3–1.

M. G. P. Chignell, who lost only one match during the season, won the South of England Junior Championship in January.

ASSOCIATION FOOTBALL

Southern Amateur League

Division III. Senior Section

Guy's 1st XI *v.* Old Westminster Citizens 1st XI
Away. Result : Draw 2—2
21st February, 1953

Guy's 1st XI *v.* Pearl Assurance 1st CI
At H.O.P. Result : Won 4—2
28th February, 1953

Guy's 1st XI *v.* Kew Association 1st XI
At H.O.P. Result : Lost 1—2
7th March, 1953

Southern Amateur League
Division III. Reserve Section

Guy's 2nd XI *v.* Kew Association 2nd XI
Away. Result : Lost 2—4
7th March, 1953

Guy's 2nd XI *v.* Bank of England 2nd XI
Away. Result : Won 4—1
14th March, 1953

Friendly Matches

Guy's 3rd XI *v.* Birkbeck College st XI
Away. Result : Lost 0—8

Guy's 4th XI *v.* Exiles 3rd XI
Away. Result : Lost 0—6
7th March, 1953

Guy's 3rd XI *v.* Old Ardinians st XI
Away. Result : Won 5—4

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL DENTAL SCHOOL

Applications are invited from registered Dental Practitioners for the appointment of half-time **Demonstrator in Special Anatomy and Histology** to commence duties on **1st October 1953**. This appointment may be held in conjunction with a part-time lectureship, teaching Dental Students, in the Anatomy Department.

Forms of application are obtainable from the Dean, Guy's Hospital Dental School, London, S.E.1, to whom applications should be sent not later than Saturday, **2nd May, 1953.**

GUY'S HOSPITAL DENTAL DEPARTMENT

The Board of Governors of Guy's Hospital invite applications from registered Dental Practitioners for the following appointments to commence duties on 1st October, 1953 :—

Department of Conservative Dental Surgery.

*4 Registrars to attend for 6 sessions each per week.
5 Registrars to attend for 3 sessions each per week.
1 Registrar to attend for 2 sessions per week.

Clinical Dental Surgery.

1 Registrar to attend on 2 sessions per week.

Assistants to the Visiting Dental Surgeons.

*1 Registrar to attend on 5 sessions per week.
*1 Registrar to attend on 6 sessions per week.

Department of Mechanics and Prosthetics.

*2 Registrars to attend for 6 sessions each per week.
1 Registrar to attend for 3 sessions per week.
2 Registrars to attend for 2 sessions each per week.

Department of Preventive Dentistry.

*1 Registrar to attend for 5 sessions per week.
2 Registrars to attend for 3 sessions each per week

Extractions and Minor Oral Surgery.

*1 Registrar to attend for 6 sessions per week.

Casualty Department.

*1 Registrar to attend for 5 sessions per week.
*1 Registrar to attend for 6 sessions per week.

Dental Department for Children.

*1 Registrar to attend for 6 sessions per week.
1 Registrar to attend for 3 sessions per week.
3 Orthodontic Assistants to attend for 3 sessions each per week.

Ante-Natal Clinic.

1 Dental Officer to Salomons Centre for 1 session per week.

Dental Officers to the Nursing Staff.

1 to attend for 6 sessions per week.
1 to attend for 3 sessions per week.

The posts will be subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff in the National Health Service. Forms of application are obtainable from the Superintendent, Guy's Hospital, London, S.E.1, to whom applications should be sent not later than **Saturday, 2nd May, 1953.**

*One of the appointments marked with a star is eligible for grading as Senior Registrar.

PAPERS BY GUY'S MEN

Fichardt, T. Automatic Barium Feeder. *Sth. Afr. med. J.*, 1953, **27**, 141.

Fourman, Paul. Capacity of a Cationic Exchange Resin ("Zeo-Karb 225") in Vivo. *Brit. med. J.*, 1953, i, 544.

Gordon, John. A New Relaxing Agent : Win 2747r : A Clinical Evaluation. *Anesthesiology*, 1953, **14**, 73.

Goulding, Roy, Robson, J. M., and Rees, R. J. W. Intracorneal Murine Leprosy and its Response to Isoniazid. *Lancet*, 1953, i, 423.

CHANGES OF ADDRESS

R. A. Craig, B.Sc., M.D., M.R.C.P., Loriam, 15, Old Sneed Park, Bristol, 9. Tel. : 82909.

G. T. Hammond, M.D., M.R.C.O.G., Erdely, Compton, Winchester. Tel. : Twyford 3213.

A. S. Harris, M.B., B.Ch., 23, Tower St. Emsworth, Hants. Tel. : Emsworth 2230.

J. M. Hobbs, L.D.S., The Pines, Moorlands Road, West Moors, Dorset. Tel. : Ferndown 614.

E. G. Slesinger, O.B.E., M.S., F.R.C.S. (residence and consulting room) 47, Upper Brook Street, W.1. Tel. : Mayfair 6092.

M. D. Warren, M.D., D.P.H., D.I.H., 7, Brunswick Road, Ealing, W.5. Tel. : Perivale 6195.

S. Wickenden, M.R.C.S., L.R.C.P., "South Barn", The Street, East Preston, Nr. Littlehampton, Sussex. (Retired.)

BIRTHS

EADES.—On 13th March, 1953, to Ann (née Sykes), wife of J. B. Eades, M.R.C.S., L.R.C.P. —a sister for Carolyn.

FINNEGAN.—On 21st March, 1953, at 205, Sanderstead Road, Sanderstead, to Elizabeth, wife of Paddy Finnegan, M.R.C.P.—a sister for David and Terence.

KILBY.—On 21st March, 1953, at "Ferndale", Covington, Huntingdon, to Ursula (née Dean), wife of J. V. Kilby, M.B., B.S.—a sister for Ann (Barbara Mary).

MERRYWEATHER.—On 12th March, 1953, at The Royal Devon & Exeter Hospital, to Patsy (née Munkley), wife of R. Merryweather, F.R.C.S.—a second daughter (Alison Jane).

PETT.—On 16th March, 1953, at "Whitehaven", 61, The Drive, Hove, to Margaret (née Miller), wife of B. W. Pett, B.D.S.—a brother for Christopher and John.

PHILLIPS.—On 14th March, 1953, at Eastbourne, to Valerie (née French), wife of Graham Phillips, L.D.S.—a daughter (Jocelyn Alexandra), a sister for Deborah.

POWER.—On 19th March, 1953, at Radley Lodge, Winbledon, to Joy (née Parkes), wife of N. Power, M.R.C.S., L.D.S.—a second son.

MARRIAGES

MORGAN—JONES.—On 14th March, 1953, at Minny Street Welsh Chapel, Cardiff, J. D. Morgan, B.D.S., to Ardudful (Dydi) Jones, S.R.N.

PICKETT—STEVENS.—On 14th March, 1953, at St. Margaret's Church, Edgware, Peter Leslie Pickett, L.D.S., only son of the late Mr. L. G. Pickett and Mrs. Pickett of Westcliff-on-Sea, to Janet Alicia Sutton Stevens, M.C.S.P., only child of Mr. and Mrs. W. H. Stevens of Edgware.

DEATH

WETHERELL.—On 14th March, 1953, Frank Cordeux Wetherell, M.B., B.S., of 7, Burlington Road, Ipswich, Suffolk.

EDS. { E.E.D.T. P.S.B.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

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PASSIM

Of making many books there is no end . . .

THIS is Publishers' Number. Once more it is fitting that emphasis should be laid on books at the beginning of the last term of the academic year. But generations of students have watched the days lengthen and the sun rise higher with vague feelings of disquiet.

Under the warm cloak of a sleepy summer afternoon they have heard, with almost unalloyed satisfaction, the sharp crack of bat upon ball : they have revived, with nearly perfect pleasure, the delights of stroke and counter-stroke across the grass court : the joys of the river, whether with sail or oar, would, in company with a multitude of other summer pursuits, have served almost to complete the happy companionship between man and this most generous of seasons—but for the shadowy spectre of an impending encounter with " The Examiners ".

Examiners indeed are but men and women with whom we may rub shoulders from time to time in our work or play. Without doubt they, too, realize that *much study is a weariness of the flesh.* But as long as custom and tradition ordain that the academic year should end in summer, so long must they undertake for a time a rarified, impartial existence, and shoulder the inarticulate reproaches of a thousand students who present themselves for appraisal in the warm hours of a day in June. Strangely, the Sciences show more of sentiment at that time of year, and do not necessarily require, as do the Arts, a Final Examination to be the climax of an anguished struggle against the temptations of the summer months.

Pity the poor examiner. He bears his burden well. Of course he gets paid for his pains—which the student certainly does not. But his book, advertised perhaps, or reviewed in these pages, will be thumbed and flicked with grassy fingers, thrown as dumb ballast into the recesses of an unstable canoe, sat upon unceremoniously when the evening dew strikes up, as they say, from the warm ground, yet quoted (Oh so respectfully !) in the final trial of wits.

Τὰ παθήματα μαθήματα—we sometimes wonder whether learning in summer has its own peculiar element of suffering too.

We record with pleasure the part which Guy's played in the recent successful operation on the Foreign Secretary, the Rt. Hon. Anthony Eden. Mr. Guy Blackburn was one of the surgeons who signed the bulletin after the operation. We hasten to add that he is

not, as a respected daily newspaper indicated, on the staff of St. Bartholomew's Hospital. We congratulate our sister hospital for having trained him, but we at Guy's lay claim to the exclusive right to describe him as senior assistant surgeon.

We congratulate Miss Dorothy M. Smith, who is retiring as Matron of Guy's towards the end of the summer, on her appointment to serve for three years on the South East Metropolitan Regional Hospital Board.

The bright flowers which decorate hundreds of window boxes around the hospital are a real joy. Not to be outdone by this gay effect above ground, the works department has wrought a near miracle in cleaning, redecorating and relighting the drab corridors which connect the main parts of the hospital and medical school underground.

In sharp contrast, the present decayed and defaced appearance of the fine eighteenth century entrance gates to the forecourt provides a somewhat depressing introduction to Guy's. Fresh flowers and new paint inside serve to put the old splashed evidence of some misdirected inky missile, plainly seen on the right hand pillar, to utter shame.

GUY'S DIARY

APRIL		*ACADEMIC*
		Exhibition. Department of Surgery. *Burns.*
20th	1.00.	Mr. H. J. B. Atkins. Clinical Lecture. *Is Sympathetic Surgery Really Necessary ?*
21st	1.00.	Dr. Alan Woods (Ophthalmologist in Chief, Johns Hopkins Hospital, U.S.A.). Clinical Lecture. *The Ocular Complications of Diabetes.*
23rd	5.00.	X-ray Meeting. Gordon Museum.
24th	1.00.	Dr. Maurice Campbell. Clinical Lecture. *The Use of Electro-cardiograms.*
	2.15.	Combined Round. Preclinical Classroom.
25th	10.00.	Clinico-Pathological Meeting. Clinical Theatre.
27th	1.00.	Dr. P. J. Helliwell. Clinical Lecture. *Anæsthesia for the Frightened Child.*
28th	1.00.	Mr. Guy Blackburn. Clinical Lecture. *Pancreatitis.*
30th	1.00.	Dr. Alan Woods. Clinical Lecture. *The Ocular Complications of Hyperthyroidism.*
	5.00.	X-ray Meeting. Gordon Museum.
MAY		
1st	1.00.	Dr. W. N. Mann. Clinical Lecture. *Diarrhœa.*
	2.15.	Combined Round. Preclinical Classroom.
MAY		*SOCIAL*
1st	7.30 p.m.	Residents' Ball. Park Lane Hotel.

A NEUROLOGICAL BASIS FOR THE INTERPRETATION OF THE SIGNS OF BLOOD-BORNE ANÆSTHESIA

A Clinical Lecture delivered at Guy's Hospital Medical School on 12th January, 1953

By T. A. B. HARRIS, M.B., B.S., F.F.A.R.C.S., D.A.

LADIES AND GENTLEMEN,—The signs of deepening anæsthesia are based on Guedel's well-known classification, shown in Table I. They are grouped into four successive stages, the third stage, that of surgical anæsthesia, being subdivided into four planes. Usually the student learns empirically, stage by stage, the signs that occur as the concentration of anæsthetic in the brain gradually increases and the level of anæsthesia progressively deepens. If, however, these signs are interpreted as neurological release effects, it is possible to plot the progressive depression of successive levels of functional activity of the brain as anæsthesia deepens. Moreover,

TABLE I

Guedel's Classification		*Calculated Sequence of Depression of Brain Nuclei*	*Release Effects produced*
Stage I.	*Analgesia.*	*Frontal Association Areas* 9, 10, 11, 12.	*Amnesia.*
		Remaining Association Areas of Cerebral Cortex and Cerebellum.	*Analgesia or Co-operative Stupor.*
Stage II	*Delirium*	*All Cortical Areas and Cortical relay and Association nuclei of the Thalamus.*	*Non-co-operative Stupor.*
Stage III	*Plane I*	*Posterior and Lateral Hypothalamic Nuclei.*	*Anæsthetic Sleep. Flaccid striated muscles spastic on stretching.*
	Plane II	*Anterior and Medial Hypothalamic nuclei. Subcortical Thalamic nuclei and neostriatum. All sensory cerebral supra-medullary nuclei.*	*Sensory loss. Inability to react reflexly. Small muscles and muscles of extremities are toneless.*
	Plane III *Plane IV*	*Globus Pallidus. Deiters' Nucleus. All motor cerebral nuclei of the pons and brain stem at a supra-medullary level.*	*Large muscle groups of the trunk and intercostal muscles are toneless.*
Stage IV	*Medullary Paralysis*	*Respiratory Centre.*	*Crural fibres of the diaphragm are toneless.*
		Vaso-motor Centre.	*Smooth muscle of blood vessels is toneless.*
		Cardiac Centre.	*Cardiac muscle is toneless.*

with this standard sequence of anæsthetic depression of the brain in mind, the student can then apply his knowledge of neurology to discover what effect the anæsthetic has had to date and what effects will inevitably be produced when it is either lightened or deepened.

Amnesia.

When a hypnotic is given and during anæsthetic induction, memory for recent events is the first function to be abolished. In primates, the bilateral ablatment of the frontal association areas 9, 10, 11 and 12* produces loss of memory of recent events and a diminished ability to concentrate. No other effect is observed. This suggests that the frontal association areas of the brain are the first areas of funtional activity to be depressed during blood-borne anæsthesia. This level of anæsthesia might logically be termed the stage of amnesia.

Analgesia (Stage I).

As anæsthesia deepens, the subject next enters the stage of analgesia or co-operative stupor. Association and co-ordination, synthesis in fact, is possible but the ability to concentrate is failing and cerebration is slow. Voluntary eye movements are possible but fixation is difficult and diplopia occurs. Auditory localization and the appreciation of significant sounds is disturbed. Cutaneous and deep sensibility are dulled and the stimulus necessary to initiate voluntary movement is raised. Voluntary movements can still be performed but they are slow and awkward. Thus, asynergia and inco-ordination soon occur and is associated with slurred speech and trunk ataxia, indicating a failing synthesis of proprioceptive impulses integrated in the cerebellum. In this stage then, pain sensibility is dulled but cortical control is still adequate to rational behaviour. Hence a tooth cavity can be drilled in a co-operative subject and in a co-operative woman the management of a normal labour can be successfully accomplished. During this stage of analgesia, it can be assumed that the remaining association areas of the cortex and cerebellum are depressed but retain sufficient control of the fore-brain nuclei to ensure that a state of co-operative stupor does in fact exist.

Non-co-operative Stupor (Stage II).

As anæsthesia deepens, the subject next enters Guedel's second stage of anæsthesia or, as I would prefer to say, the stage of non-co-operative stupor. When this stage is established, there is reason to believe that all the remaining areas of cortical activity are depressed. In it the appreciation of light touch, tactile localization and discrimination and the ability to recognize intermediate degrees of temperature are progressively lost. These finer discriminatory sensory functions depend upon the integrity of the cells of the post-central part of the parietal cortex (areas 3, 1 and 2), and it can be assumed that they are completely depressed in this second stage of anæsthesia. In this stage too, accurate co-ordinate movements are no longer possible, for sensory data from areas 3, 1 and 2 and proprioceptive data from the cerebellum to the pre-central motor areas 4 and 6, are now reduced or completely lacking. On this account and because the cells of areas

* All figures refer to Brodmann's map of the cerebral cortex.

4 and 6 are themselves progressively depressed, voluntary movements soon cease but cruder movement patterns integrated in the fore-brain nuclei are still possible. Voluntary eye movements are now completely absent and are replaced by a symmetrical lateral movement of the eyes. This is neither a nystagmus nor a tremor. The eyes wander from side to side in a wide excursion, interrupted at its extremity by a standstill period of varying duration. This type of movement is associated with blind eyes and with light natural sleep. It is an extrapyramidal release effect consequent upon the depression of areas 6, 8 and 9 and the visual association areas 18 and 19.

At this level too, tinnitus and auditory hallucinations may occur. Auditory localization soon fails, auditory memory has gone, the interpretation of significant sounds and words is greatly disturbed but the subject is not deaf. Hearing is the last cortical function to be lost and persists after smell, taste, touch and sight have been completely abolished.

These are some of the signs that can be observed indicating that the therapeutic decortication of the subject is complete when the second stage of anæsthesia is established. It follows that the subject is now a fore-brain preparation and his behaviour is found to be identical with that of a fore-brain animal.

In the absence of appropriate stimulus, breathing is quiet and regular. Salivary and bronchial secretions are normal in volume and viscosity. Skeletal muscles are flaccid. Autonomic reactions are so slight as to pass undetected. The pulse is regular, its rate is slightly increased and the blood pressure is within normal limits. The blind stuporose subject is not conscious but has not yet reached the first plane of surgical anæsthesia, which I prefer to call the stage of anæsthetic sleep.

When, however, stimulus is allowed to act during this second stage a very different picture presents. The subject's response to stimulus is excessive and exaggerated. Breathing may assume any imaginable rhythm. Vomiting, gagging, coughing and even bronchospasm may occur. Excessive and exaggerated movement patterns occur, the character of which indicates their strial origin. The nose may bleed and a full bladder may empty. Object vision is absent, the pupils are widely dilated but they constrict reflexly to light. Lacrimal, salivary and bronchial secretions may be excessive. Cutaneous vasodilation causes flushing and the subject may sweat profusely. The pulse rate is rapid, the blood pressure rises significantly and extrasystoles often occur.

The character of these mixed somatic and autonomic effects in response to stimuli indicate that they have their origin in the now uninhibited fore-brain nuclei. The predominantly sympathetic nature of autonomic overaction results from the tendency of the sympathetic system to discharge *en masse*. These effects are identical in origin and character with the " sham rage " described by Cannon in a fore-brain animal.

Anæsthetic Sleep (*Stage III, Plane I*).

As anæsthesia deepens, the subject passes abruptly to Guedel's first plane of surgical anæsthesia. Breathing abruptly assumes a

regular mechanical clock-like rhythm. Movement patterns abruptly cease and striated muscles are flaccid in the absence of stretching. The signs of sympathetic overaction stop suddenly and as excess of adrenaline is rapidly oxidized the pupils become small and do not dilate reflexly to pain stimuli but constrict reflexly to light. The pulse rate and the blood pressure rapidly fall to normal limits and extra-systoles cease.

Reflex dilatation of the pupils depends upon the integrity of the posterior and lateral hypothalamic nuclei. Again, it has been shown in animals that the arrhythmias that occurred during sham rage ceased when the posterior hypothalamus was ablated. Moreover, the onset of sleep is associated with the depression of the posterior hypothalamus and the mammillary bodies. Hence this abrupt transition from Guedel's second stage to the stage of anæsthetic sleep can be attributed to the depression of the sympathetic entities of the hypothalamus, the posterior and lateral muclei, and to the rapid oxidation of excess of adrenaline by amine oxidase.

With the onset of anæsthetic sleep it can be assumed that the cortex and the sympathetic entities of the hypothalamus are depressed. The very significant thing about this level of anæsthetic depression is that the para-sympathetic entities of the hypothalamus, the anterior and medial nuclei, are now uninhibited by the cortex and unantagonized by the sympathetic hypothalamic nuclei. In response to appropriate external stimulus, therefore, the parasympathetic entities of the hypothalamus may readily overact and if they do, death of the subject may result. It will be agreed that while sympathetic overaction in the second stage is often a nuisance, it is never really dangerous and soon subsides with the onset of anæsthetic sleep. By contrast, para-sympathetic overaction during the stage of anæsthetic sleep is always dangerous and may be fatal. It may cause bronchospasm. It may depress the pacemaker of the heart producing bradycardia, nodal rhythm, auriculo-ventricular dissociation or even cessation of heart action or again, by vagal overaction, arrhythmias ranging to ventricular fibrillation may occur.

It will be objected that with adequate atropinization, many operations are successfully performed in this first plane of anæsthesia. That these dangers occur infrequently is no answer to the fact that they can occur. They are rare because the parasympathetic system discharges discretely and only in response to an appropriate stimulus.

If surgery is performed in this plane of anæsthesia—and this is now possible when muscle relaxants are used—there is the ever-present possibility that an appropriate stimulus will act sooner or later, inevitably producing a dangerous or fatal para-sympathetic overaction.

In the absence of para-sympathetic overaction, the signs of anæsthesia in this first plane of anæsthesia are identical with those observed during natural sleep. Breathing is regular and its rate is increased, but stimulation may produce an alteration of rhythm or stridor which lasts only for the duration of the stimulus. Lacrimal, salivary and bronchial secretions are diminished or absent but increase on stimulation. The pulse is regular and the pulse rate and blood pressure are within normal limits. Stimulation may cause a rise of pulse rate and blood pressure or a fall of pulse rate or blood pressure

which, however, lasts only for the duration of the stimulus. The eyeball is fixed in the mid position, the small pupils constrict reflexly to light but do not dilate in response to stimulus. Gastric and intestinal peristalsis may occur. During labour, uterine contractions continue undiminished. Reflexes may be elicited and there is often extensor rigidity of legs and trunk in response to stretching.

For these several reasons, it is evident that the parasympathetic entities of the hypothalamus, the subcortical thalamic nuclei, the neostriatum and cerebral sensory nuclei generally can receive and mediate afferent impulses during this stage of anæsthetic sleep.

Sensory Loss (*Stage III, Plane II*).

As anæsthesia deepens to Guedel's second plane, the anterior and medial hypothalamic nuclei are depressed and from this time onwards in anæsthesia autonomic action is mediated at a medullary level. The subject also fails to react to all forms of external stimulus except intense proprioceptive stimuli. The rapid forceful dilation of the anal sphincter, the local stretching of large muscle groups of the trunk, or pulling on the mesentery or the peritoneum produces intense rigidity of trunk muscles. This may be accompanied by an alteration in the rhythm of breathing, with or without stridor and with perhaps a rise of pulse rate and blood pressure, lasting for the duration of the proprioceptive stimulus. For the rest, the eyeball is stationary in the mid-position, the pupils are small and do not constrict reflexly to light. Lacrimal, salivary and bronchial secretions cease. The corneal, vomit, gag, cough and all other reflex effects and movements are abolished.

This inability to react in the second plane can be attributed to the sensory side of the reflex arc, for efferent nerves and effector organs are still functionally active at this level of anæsthetic depression. For example, action currents have been observed in efferent nerves during deep anæsthesia. It is a common event to see the rectus muscle contract when lower thoracic nerves are stimulated inadvertently with a diathermy needle, or electrical stimulation of the facial nerve produce snarling with showing of the teeth. Again, in the absence of appropriate atropinization, prostigmine produces tears, saliva and bronchial secretion. There is evidence too that afferent nerves and tracts are functionally active and that this inability to react is due to a failure of the thalamus and the cerebral sensory nuclei at a supra-medullary level to mediate nerve impulses received by them.

It can be assumed that the parasympathetic entities of the hypothalamus, the subcortical thalamic nuclei, the neostriatum and all the remaining cerebral sensory nuclei at a supra-medullary level are depressed in Guedel's second plane of anæsthesia. This plane of anæsthesia can be termed the level of complete sensory loss. In it the subject breathes regularly and automatically and his pulse rate and blood pressure are maintained within normal limits. With the exception of the effect of intense proprioceptive stimulus on striated muscle tone, the subject now reacts only through his chemoreceptors and medullary nuclei to changes in his internal environment, his blood. Hence, in this stage of complete sensory loss the two dangerous and unpredictable variables, emotional and physical stress, have been

eliminated, and for the first time since anæsthesia commenced the subject has now entered a zone of safety which lasts, until at length the vital medullary centres are depressed by anæsthetic overdose. When muscle relaxants such as tubarine are used, this is the deepest level of anæsthetic depression desired or required. When muscle relaxants are not used, anæsthesia must be deepened beyond the stage of complete sensory loss, if muscle tone is to be abolished in trunk muscles.

Loss of Muscle Tone (*Stage III, Planes III and IV*).

In the stage of complete sensory loss, the globus pallidus, Deiters' nucleus and the cranial motor nuclei are functionally active but these nuclei lack sensory data and muscle tone is absent in small muscle groups and in the muscles of the extremities. Large muscle groups of the trunk are flaccid but become intensely rigid when stretched. This reflex rigidity is attributed to the release of the inhibitory control normally exercised on the globus pallidus by the thalamus and neostriatum which are depressed in the stage of sensory loss.

As anæsthesia deepens to Guedel's third plane and through it to the fourth plane, the globus pallidus, Dieter's nucleus and all the cranial motor nuclei of the pons and brain stem at a supra-medullary level are successively depressed. This results in loss of muscle tone first in lower abdominal muscles and then in upper abdominal muscles and the intercostal muscles. The crural fibres of the diaphragm are now the only striated muscle still in tone and functionally active, and a tracheal tug is present. The progressive loss of tone in these trunk muscles produces obvious changes in the character of breathing and the behaviour of abdominal contents while the return of venous blood to the right heart is at length reduced, producing characteristic cardiovascular effects. Perhaps the most valuable guide to the state of muscle tone in trunk muscles is to be found in the behaviour of the pupils. We have seen that the large pupils of the stage of non-co-operative stupor dilate reflexly to pain stimuli and constrict reflexly to light. The small pupils of the stage of anæsthetic sleep fail to dilate reflexly to pain but constrict reflexly to light. With the onset of the stage of sensory loss, the small pupils fail to dilate or constrict reflexly. Since the areas of sensory co-ordination of the brain are now depressed, the pupils fail to react reflexly but they dilate passively as anæsthesia deepens. The extent of this passive dilatation of the pupils in the third and fourth planes runs parallel to the loss of muscle tone which occurs in the striated muscles of the trunk in these planes of anæsthesia. The passive dilatation of the pupils can therefore be used as an accurate measure of the loss of muscle tone in the large muscles of the trunk, for this passive dilatation is not modified, as is commonly supposed, by the anæsthetic pre-medicants in common clinical use.

In the deep fourth plane of anæsthesia only the vital medullary centres of the brain are functionally active. If anæsthesia is inadvertently deepened beyond this level of depression, overdose occurs and it takes the form of secondary cardiac failure. The respiratory centre is depressed, the diaphragm loses its tone and breathing ceases. Then the vaso-motor centre is depressed, the smooth muscle of blood

vessels become toneless and the blood pressure swiftly falls to zero. Finally, as the result of anæsthetic overdose and anoxia, the cardiac centre is depressed, heart muscle loses its tone and syncope occurs.

There is one significant incongruity in this picture which must be explained. It is the difference in the behaviour of a subject anæsthetized to the level of bulbo-spinal status and that of a bulbo-spinal animal preparation or spinal man. In each instance, the spinal and intersegmental reflex arcs cannot be inhibited or reinforced from above. At this level of anæsthetic depression, however, all striated muscles, except the crural fibres of the diaphragm are toneless while the bulbo-spinal animal preparation and spinal man react reflexly to proprioceptive stimuli, exhibiting segmental reflexes, crossed extensor response, mass reflexes with facilation and lengthening and shortening reactions in striated muscles.

This difference of behaviour can be explained without postulating the anæsthetic depression of spinal tracts and/or afferent, connector or efferent fibres of the spinal reflex arc. On the contrary, blood-borne depressants, including anæsthetics, do not affect nerve fibres directly. All effects have been proved to arise either at the origin of the neurons in the central nervous system, the nerve cell, or at their termination in the periphery. Moreover, action-currents are present in peripheral nerves during the deeper levels of anæsthetic depression.

There is ample evidence that in the stage of sensory loss, the quantum of acetylcholine at the neuromuscular junction of all striated muscles, except the crural fibres of the diaphragm, is significantly smaller than in normal conditions and that it continues to diminish as anæsthesia deepens beyond this level of depression. It has been shown too, that certain anæsthetics in the concentrations used in clinical practice, are able reversibly to inhibit the action of small quanta of acetylcholine at neuromuscular junctions. Hence, as the concentration of the anæsthetic at the neuromuscular junction of striated muscles progressively rises with deepening anæsthesia, the quantum of acetylcholine at this site gradually falls. At length, in the third and fourth planes of anæsthesia, the small quantum of acetylcholine at the neuromuscular junction of the large muscle groups of the trunk is inhibited and muscle tone is completely lost.

These data suggest two things. Firstly, the complete loss of muscle tone during the third and fourth planes of anæsthesia is due to a reversible upper motor lesion combined with a reversible inhibition of the now small quantum of acetylcholine at the neuromuscular junction of all striated muscles, except the crural fibres of the diaphragm. Secondly, the failure of a potent anæsthetic, such as trichlorethylene, to produce loss of muscle tone in trunk muscles, is due to its inability to inhibit even the small quantum of acetylcholine present at the neuromuscular junction of trunk muscles during the third and fourth planes of anæsthesia.

I hope, ladies and gentlemen, that I have been able to give you a fresh approach to the interpretation of the signs of blood-borne anæsthetics.

CORRESPONDENCE

Letters to the Editor of the Gazette

Cambridge Graduates' Medical Club

From Dr. Ralph Kauntze

SIR,—May I draw the attention of those Cambridge graduates who are qualified in medicine to the existence of the Cambridge Graduates' Medical Club, the object of which is to further the interests of the Medical School of the University of Cambridge and to afford its members the opportunity of meeting. The Club, which is essentially of a social character, holds an annual meeting and dinner at a Cambridge College in June or July. The fee for Life Membership is one guinea. Would those who are interested in joining please communicate with me.

Yours, etc.,

R. KAUNTZE.

Review : "An Introduction to Social Biology"

From Dr. D. Stafford-Clark

SIR,—Your review of "An Introduction to Social Biology" (author Alan Dale, publisher Heinemann Medical Books), published in your edition of April 4th, 1953, contains in its last paragraph a curiously confused piece of special pleading. The fact that man is not biologically indispensable to the existence of other forms of life on the earth has nothing whatever to do with his importance in a wider sense ; nor is it necessarily related in any way to his position in the scale of evolution.

There is indeed nothing in the passage quoted to suggest that the author of the book shares the somewhat tendentious interpretation put upon his remarks by the reviewer ; but even if he did, the importance of man, as a creature capable of infinite awareness, would remain beyond the reach of biological debunking.

Yours, etc.,

DAVID STAFFORD-CLARK.

REVIEWS

A Guide to Obstetrics in General Practice. By WILLIAM C. W. NIXON, M.D., F.R.C.S., F.R.C.O.G., and ERIC B. HICKSON, M.R.C.S., L.R.C.P., D.Obst.R.C.O.G. Staples. *Price* 30*s.*

This is an unusual book. Written by the Professor of Obstetrics in the University of London and by an experienced general practitioner, there is a distinctly practical approach, apparent throughout, to the many problems discussed. The chapters on the whole are admirably short and are written in a most readable style. That some of the views expressed are unorthodox is a fact which the authors freely admit, but then their stated aim is to provoke "thought and discussion".

The material is largely based on obstetric questions appearing in the *British Medical Journal* during the last five years, and also on the work done at University College Hospital. There is an interesting chapter analysing midwives' calls, which is of help to the beginner in showing him the common obstetric problems which he is most likely to encounter in practice. Anæsthesia is discussed in relation to individual procedures, and the articles on the National Health Service, adoption of children and the contents of the obstetric bag are especially useful. Even if one is not entirely in agreement with the views of Dr. Waller on breast feeding, it is difficult not to admire the masterly way in which he has dealt with this subject, and also with prematurity and neonatal disorders.

This book is not suitable, nor is it intended to serve as a textbook of obstetrics, but it could be read with great profit by those intending to enter general practice, by those already established in practice, and by midwives. To these it can be thoroughly recommended. H.M.B.

Nutrition and Health. By SIR ROBERT MCCARRISON and H. M. SINCLAIR. Faber and Faber. 125 pp. *Price* 12*s.* 6*d.*

This little book is a reprint of Sir Robert McCarrison's Cantor Lectures for 1936, together with a chapter by the Director of the Laboratory of Human Nutrition, Oxford, on *Nutrition and Health : Recent Advances.* This latter review shows how many of Sir Robert's questions have been answered in the years between 1936 and 1952, and shows, too, how many of his recommendations about the nation's food have been accepted under the conditions of war and shortages of supply. It is indeed ironical and sad that there should now be serious talk of reversion in some respects to the bad old ways of the 'thirties in our diet. Excellent reading, especially for the non-expert in nutrition. G.A.D.H.

Sir Joseph Banks. By HECTOR CHARLES CAMERON. The Batchworth Press, London. *Price* 25*s.*

The Banksian rose is known to gardeners, the Banksian medal, commemorating their first chairman, to Fellows of the Royal Horticultural Society ; but few of the fraternity are aware that they owe the Royal Botanic Gardens, Kew, to the friendship between George the Third and his scientific adviser, Sir Joseph Banks ; nor has the tea-drinker the knowledge that without Banks he would today be deprived of almost all his favourite liquor, for Banks it was who introduced the tea-plant from China into India and Ceylon. A biography of this English worthy has never before been accomplished ; and it has remained for a man of Guy's, Dr. H. C. Cameron, to fill the gap. It has been adroitly done. Banks, though adventurous, was a man of facts, a committee-man, an organizer, not a man of ideas but rather of practical notions. Consequently his character has less interest than his attainments or than the stirring world in which he moved ; and it quite rightly takes the second place to his deeds. The book, therefore, is cast in a series of scenes, in each of which Banks plays his part. There is the voyage of *The Endeavour* with Captain Cook, and Banks on board as botanist ; there is the history of the Royal Society, with Banks as president ; there is the founding of Australia, with Banks behind the scenes ; and there are several others. Into the making of this book have gone industry, wide reading and research : it may truly be called scholarly. As the issue of a medical man in the present day it is almost, if not quite unique, because from the first page to the last it does not offend by a single fault of style ; and since we men of Guy's are not at all bashful about going into print, we might keep this standard, set by our distinguished elder, steadily before our eyes.

H.St.H.V.

Medical Electricity for Massage Students. By HUGH MORRIS, M.D., D.M.R.E. J. & A. Churchill Ltd. *Price* 37*s.* 6*d.*

This book has now entered its fourth edition. Its aim, stated on the wrapper, is to present a textbook-cum-reference manual of reasonably elementary standard avoiding unnecessary technicalities.

This has been done in an admirable manner. It is concise and, in most parts, clear. In the first few chapters I think the author might have elaborated a bit more. While it is generally assumed that the basic knowledge of the nature of electricity must be gained before a course in physiotherapy is started, I do not think that some detailed explanations would have been wasted.

In the final chapter XXXV the author has listed briefly various maladies and their treatment by electrical methods, and as in most other textbooks on the matter, valuable and useless methods of treatment are lumped together without discrimination or comment.

Such treatments as abdominal muscle stimulation in constipation, salicylate iontophoresis in facial palsy, galvanism to the spine in myelitis and many others may now, with impunity, be expunged from the textbook of physiotherapy,

The chapters on the electrical appliances and their applications are well done and the ground is fully convered.

On the whole it is a very readable book. J.A.M.J.

Aids to Pathology. By JOHN O. OLIVER, M.B., B.S., M.R.C.S., L.R.C.P. 10th Edition. Ballière, Tindall and Cox. *Price* 8*s.* 6*d.*

No major changes have been made since the 9th edition of this instructive little manual appeared in 1948, though every chapter has undergone revision, and some sections (notably that on the life cycle of the malarial parasite) have been re-written to bring the subject matter up to date. E.E.D.T.

Introduction to Dental Anatomy. By JAMES H. SCOTT and NORMAN B. B. SYMONS. E. & S. Livingstone Ltd. *Price* 35*s.*

This is a bold, and on the whole, successful presentation of a subject that has led many an author off the path of lucidity to become lost, either in a confusion of contradictory quotations or "delving in the mines of futile knowledge."

In the reviewer's opinion, the section devoted to comparative dental anatomy takes a disproportionate amount of the book, and at the same time suffers in parts from over compression. The treatment of the histology of the human dental tissues is too brief and that of the biochemistry of calcification inadequate. The authors have, however, produced an orderly, well written and well illustrated book —which more nearly covers the subject in one volume than any other—and which can be recommended as a basic textbook. J.W.M.

Manual of Surgery. Rose and Carless. Edited by SIR CECIL WAKELEY, K.B.E., C.B. Eighteenth Edition. Ballière, Tindall and Cox. *Price* £3 3*s.* 0*d.*

After a period of nine years since the last edition, the eighteenth has now appeared.

This work, in two volumes, contains some excellent new material, amongst which chapters on *Chemotherapy* and *Blood Transfusion* will be welcomed, whilst that on water and salt deficiency is an excellent innovation, without which no modern surgical textbook can be considered complete. It is good to see the value of biopsy extolled and evidence put forward refuting the commonly held view that its use augments metastatic spread.

Hernia, diseases of the rectum and anus, and especially urological disorders are well described and illustrated as are those of bones and joints, but there are many sections which are inaccurate and others on important matters to which more space should be devoted, whilst pages might well be saved on subjects of less consequence.

Thus in gastro-œsophageal surgery no mention is made of hiatus hernia and its relation to ulceration of the œsophagus, a subject of importance and well recognized during the last five years, while far too much space is given to such doubtful entities as gastroptosis, enteroptosis and intestinal stasis.

In a book addressed primarily to undergraduates there is far too much description of operative technique and it is a pity that the high quality of the illustrations is devoted so much to this end rather than to the demonstration of clinical appearances, physical signs and pathological changes.

The description of the anatomy of sub-phrenic abscess is confusing and it is very doubtful if collections in the extraperitoneal spaces ever occur in this connection, whilst Spalding showed many years ago that Fowler's position is the result of a misconception of the movement of intraperitoneal fluids and serves only to increase the risk of phlebothrombosis. Presumably "extraphrenically" on page 920 should read "extrapleurally".

Spinal anæsthesia is no longer an anæsthetic of choice in routine abdominal surgery.

The treatment of the surgery of the sympathetic system is poor. One cannot agree that there is any true indication for periarterial sympathectomy, and to say that its use on the first inch of the inferior mesenteric artery provides a cure for Hirschprung's disease is not only patently absurd, but neglects the work of Bodian and others, published four years ago, elucidating the true ætiology and providing a rational basis for treatment by rectosigmoidectomy.

The place of surgery in the treatment of hypertension is dismissed in ten lines, whilst a whole page is devoted to a discussion of boils.

One is astonished to see that the only treatment mentioned for prolapsed intervertebral disc is laminectomy; conservative measures form a lamentable omission.

On the other hand conservative measures are the only means of treatment advocated for osteomyelitis of the mandible, a state of matters responsible for the large number of totally sequestrated lower jaws to be seen in any museum, and which can only be avoided by early operative excision as the treatment of choice, as Wass and others have repeatedly shown.

In summary, much of the new material is good as is some of the old, but a work of this calibre should be better balanced, have far fewer inaccuracies and a less limited approach to subjects of a controversial nature. H.P.G.

Progress in Clinical Medicine. Edited by R. DALEY and H. MILLER. Messrs. J. & A. Churchill Ltd. *Price* 30*s.*

The appearance of the second edition of this book is very welcome. As before, the editors have set themselves and their collaborating authors a difficult task in attempting to confine within so small a book the recent important advances in clinical medicine. The result is a volume which is only a little thicker and which still retains the clarity, brevity and significance of its predecessor. It is obviously much easier to add new material to a second edition than to discard some of the old. Nevertheless, two chapters of the first edition, those on Tropical Medicine and Venereal Diseases have been pruned and to mark the " change of emphasis from military to civil preoccupations ", two new chapters on Industrial Medicine—with a section on radiation, and Physical Treatment in Mental Illness have been added. There are also new sections on cerebral arteriography, electrolyte and water balance, cortisone and A.C.T.H., hyperplenism, toxoplasmosis, electrocardiography, Parkinsonism and the newer antibiotics. The editors admit that they have made " little attempt to deal with the fringe of immediate medical progress " and this is obviously a wise policy especially in the fields of therapy. Nevertheless the reviewer cannot help wishing that, in a book that contains, for example, sections on polyostotic fibrous dysplasia of bone, porphyria, two separate descriptions of the Thorn test for Addison's disease (Chapters X and XII) and a disproportionately spacious approach to the psychosomatic disorders, there had been some mention of recent therapeutic attempts to control hypertension. Furthermore, in view of the editors' statement that it " behoves the physician to study critically the limitations and uses of operative measures " one would like to have seen a reference to the surgical treatment of mitral stenosis, which is now by no means on the " fringe of progress " and which is probably of considerably greater potential significance than an analysis of the diagnosis and treatment of some of the more rare forms of congenital heart disease, a subject which, in this edition, earns six pages.

The above are but minor points however and in general the quality and diversity of the contributions equal the excellent standards set by the first edition. In particular, the chapter on Diseases of the Chest by Dr. Howard Nicholson affords an admirable summary of contemporary ideas concerning pulmonary tuberculosis and the pneumonias. One may summarize by warmly recommending this as a well balanced book that should prove of especial value to the postgraduate student reading for a higher examination or indeed to anyone who is trying to keep his head above the flood tide of contemporary medical writing. M.G.T.

X-ray and Radium Therapy for Students. By B. A. STOLL. H. K. Lewis & Co. *Price* 17*s.* 6*d.*

For those students and postgraduates who like a synopsis this book should satisfy their requitemenrs. The first chapter deals with the technical side of Radiotherapy by the method of question and answer, and no attempt is made to cover this part of the subject in a systematic manner.

The rest of the book deals with the clinical aspects systematically, following the pattern of other synopses. Incidence, pathology, clinical features and treatment are dealt with for each condition. The book gives a fair cross section of present-day views but suffers from the dogmatism inherent in the synopsis type of book. This is of no disadvantage provided the reader realizes that treatment by Radiotherapy is constantly developing and that statements made today may be proved wrong tomorrow. As a guide and reference book this should prove very useful.

A.B.W.

Cancer in General Practice. By R. W. RAVEN and P. E. THOMPSON HANCOCK. Butterworth's Medical Publications. *Price* 30*s.*

The effective treatment of cancer by any means depends on the accurate diagnosis in the early stages of the disease. The general practitioner must have at his finger tips the early signs and symptoms of malignancy. In this book, which might well be called " A Handbook of Cancer ", the authors set out to give a concise account of all types of cancer. Emphasis is laid upon the recognition of the signs and symptoms of neoplasia which occur while it is yet in a treatable stage. Not only will the practitioner find help to confirm or confound his suspicions, but the student will find useful revision material in the book. In a treatise specifically designed for the general practitioner it is odd that the problem of untreatable cancer is not mentioned. This is one of the most harrowing problems of the family doctor and a chapter on the subject would have been most helpful.

A.G.P.

The Physician's Guide to Chemotherapy. By PETER N. SWIFT. H. & K. Lewis & Co. Ltd. *Price* 15*s.*

This little book is intended to provide a guide for the practitioner in the clinical use of the antibiotics and it succeeds admirably.

Its 162 pages contain in concise form a short account of the chemo-therapeutic agents in general use, followed by chapters on their application in infections of each system and in miscellaneous infections. The bibliographies are useful.

The toxic effects of chloramphenicol upon the bone marrow have been too recently reported to be included. J.H.B.

THE MUSIC FOR THE RESIDENTS' PLAY, 1953

During actual performances the music of the Residents' Play left one impressed and a subsequent rehearing via the set of records which has just been issued confirmed this feeling.

First and foremost the composers have concentrated on good singable melodies supporting them with simple and effective harmonies. The two piano arrangement showed a good appreciation of the capabilities of this combination and the addition of percussion in places added point to the tempi.

For the writer the highlight of the evening was the Quartet in which Mr. Vickers showed his technical skill (and sense of humour) by devising a similar musical jest to Sullivan's in the Trio of the Mikado, where each character sings his part solo and then combines with the others to produce a species of counterpoint unknown to Stainer's textbook. In fact Mr. Vickers improves on Sullivan by having an extra part to handle.

Still in the Sullivan vein the patter songs of Verymale and Stripsem were both well done particularly the latter in which the changes of mood and tempo were effectively carried out.

The sequence of musical vowel sounds which open the song of Hook and Vass was a challenge which the composers accepted and the music gave the singers ample opportunity to display their accents and their terpsichorean ability.

Someone once remarked that he knew of no bad drinking songs and Bloods of the Borough had all the swing and verve that we associate with this type of music. Likewise the Song of the Splendid Chaps was a capital song with plenty of " go ".

In quieter vein the song of the Assistant Matrons and the Publicity song were effective and gave the words full opportunity to speak for themselves. The more delicate side of the composers' art was seen in the Love Duet. For the first time in a Residents' Play there was a soprano voice and the composers took advantage of this to give us a likeable duet with plenty of interest in the two parts.

The purely instrumental music for the final scene had plenty of atmosphere and its orchestral writing strained the resources of the two-piano arrangement while the Irish Jig which shares the same side of one record is a delightful piece of " folkery ".

One 12-inch record contains a good selection of the songs and on another Messrs. Baker and Vickers give a piano selection, while to revive memories there are two records with selections from the 1951 and 1952 shows.

On both type of disc the standard of recording is very high and on the whole the singers give a very creditable performance. These records can be heartily recommended as a permanent reminder of a very enjoyable Residents' Play with its more than usually tuneful score. W.H.

A full list of the records of the Residents' Play was printed in the GAZETTE *of March 7th. The* 1953 *Song Selection is now available only to special order at the increased price of* 17*s.* 6*d.*

Orders and enquiries should be addressed to Mr. G. C. W. Baker or Mr. M. D. Vickers at Guy's Hospital.

SPORT

HOCKEY

A vote of thanks on behalf of the Club is long overdue for the services of Mr. K. B. Boys, a hockey umpire of international repute, who has so willingly officiated for us in our Senior Cup matches. We should like him to know how honoured we are to have had his firm and genial control over our games, and how much we appreciate his interest in us.

Equally deserving of our appreciation is our self-styled " sole supporter of the Hockey Club outside the Hospital ", Mr. E. (" Bill ") Woodman, who has been present to spur us on through a typical winter's weather on numerous occasions. His comments, both encouraging and acrimonious, indicate his unique touchline-ship, and we are very grateful to him for his kindly advice and interest. We look forward to his continued support in the future.

Inter-Hospitals' Cup Final

Guy's *v.* St. Thomas's

Result : Lost 1—2
26th March, 1953

Guy's, the holders of the Hospitals' Cup, met St. Thomas's for the third consecutive year in the final and were deservedly defeated by the odd goal of three.

The game began at a very fast rate with the St. Thomas's forwards passing accurately and being well supported by their half-backs. Guy's were far too slow in tackling and their marking was also at fault.

St. Thomas's were now controlling the game and their maintained pressure soon produced a reward. A through pass by the centre forward, a good run by the inside left, who was unmarked, and Guy's were one down. Shortly afterwards St. Thomas's increased their lead, again because of slow tackling by Guy's which gave the opposing forward plenty of time to shoot.

After half time the Guy's team was reorganised. Linahan went to centre-half, Hall to right back and Elsdon-Dew to right-half. These changes brought about a different attitude and type of hockey. The halves moved with the forwards and no large gaps were left for the opposing forwards to run through at will. After ten minutes of the second half had elapsed Guy's gradually began to exert pressure and were soon rewarded by a goal from Millar following a pass from Paul. It was now St. Thomas's turn to fall back in defence but Guy's were unable to score an equalising goal.

In conclusion it must be admitted that the better team won although on the second half showing a very different result might have been achieved if Guy's had shown more fighting spirit at the commencement of the game.

Scorer : Millar 1.

Team : C. Bishop ; H. M. Tuddenham, J. J. Hall ; R. W. Elsdon-Dew, D. C. Linahan, R. Sandfield ; N. C. Cooke, R. R. Paul, M. Willis, J. I. Millar, J. S. Partridge.

Inter-Hospitals' Junior Cup Final

Guy's *v.* St. Thomas's

At Teddington. Result : Won 2—0
26th March, 1953

Guy's 2nd XI retained the Junior Cup, which is in fact only a theoretical trophy, by repeating last season's victory over St. Thomas's Hospital.

Playing with the wind Guy's quickly went ahead with a good goal scored by Cautley following a corner. Play continued to be mainly in our opponents' half, although a hard shot from a St. Thomas's forward only just missed the goal. The Guy's forwards worked well together before half time, but became slow and disorganised in the second half. Cox had a good game on the right wing. Eggington and Ackery, the wing-halves, were outstanding in the defence.

St. Thomas's pressed desperately after the interval, but a second goal by Cautley, following an enterprising movement with Willard, made the result certain.

It is regrettable that the match had to be played on a day when examinations prevented G. M. Morris from playing, and from demonstrating his fine goal-keeping and captaincy.

Team : W. A. Cahill ; R. J. Park, J. Metcalf ; D. M. Ackery, P. J. Willard, W. R. O. Eggington ; B. S. Cryer, M. J. Woodman, J. M. Cautley, E. R. Gibbons, M. Cox.

Guy's 1st XI *v.* Tunbridge Wells
Result : Lost 1—4
14th March, 1953

Guy's 1st XI *v.* Aberdeen University
Result : Won 3—0
27th March, 1953

Guy's 1st XI *v.* Oxted
Result : Won 3—2
28th March, 1953

HOCKEY

Folkestone Hockey Festival

April 3rd—6th

Results :

v. **Old Cantaburians**	.. ..	Lost 3—4
v. **South Saxons**	.. .. ..	Won 1—0
v. **Sparrows**	.. .. ..	Lost 0—1
v. **Trinity Hall, Cambridge**	..	Lost 1—3

On account of injuries, we were assisted by two distinguished former Guy's players during the Festival—E. A. Murray played *v.* South Saxons and L. D. Carton-Kelly played *v.* Sparrows and Trinity Hall, Cambridge.

Team : C. Bishop ; M. J. Woodman, D. C. Linahan ; J. S. Partridge, R. W. Elsdon-Dew, J. J. Hall ; W. A. Cahill, J. I. Miller, M. F. H. Willis, E. R. Gibbons, N. R. Cooke.

LAWN TENNIS

This year Guy's are again defending the United Hospitals' Cup and also have entered for the University of London Cup.

The season began well with a match on 11th April against Old Uppinghamians which was won 6–0 with 3 games drawn.

Results : Frost and Quant	.. ..	2—0
Bullard and Osborn	..	3—0
Dywer and Elsdon-Dew	..	1—0

The next 1st VI match is against St. John's College, Cambridge, at H.O.P. on 25th April, commencing at 2.30 p.m.

Trials will be held on 2nd May, 2 p.m., at H.O.P., when new members will be welcome.

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HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL

Applications are invited for the post of **Junior Medical Registrar** for the period 1st May to 30th September, 1953.

Forms of application obtainable from the *Superintendent's Office and the Medical School* Office should be lodged with the Superintendent not later than **23rd April, 1953.**

HOUSE APPOINTMENTS

1st June, 1953

Applications are invited for the following House Appointments at Guy's Hospital, due to commence on 1st June, 1953 :—

Assistant House Surgeons 4

N.B.—Of these 4 vacancies 3 will be for PRE-REGISTRATION APPOINTMENTS, and one will be open to post-registration candidates. The appointment will be for 6 months in the first instance, with a possible change of post after the first 3 months.

Assistant House Physicians 3

N.B.—The vacancies will be for PRE-REGISTRATION APPOINTMENTS. The appointment will be for 6 months in the first instance, with a possible change of post after the first 3 months.

POST-REGISTRATION APPOINTMENTS.

House Surgeons 2
House Physicians 2
Resident Obstetricians 1
(commencing 1.7.53)
Throat and Ear House Surgeon 1
Dermatological House Physician 1
(Non-Resident)
Children's House Physician 1
House Surgeon to the Thoracic Unit .. 1
House Physician to the Department of Medicine and Junior Clinical Pathologist 1
House Physician in the York Clinic .. 1
Resident Anæsthetist 1
(commencing 7.7.53)

The Medical Committee will also consider applications for appointments at outer hospitals, as follows :—

ORPINGTON HOSPITAL
House Surgeons 2
Ear, Nose and Throat House Surgeon .. 1
Orthopædic House Surgeon 1

PEMBURY HOSPITAL
House Surgeons (*Pre-Registration Posts*) 2
Resident Anæsthetist 1
(*Senior House Officer* £670)

LEWISHAM HOSPITAL
House Physicians (*Pre-Registration Posts*) 2
House Surgeons (*Pre-Registration Posts*) 1
Obstetric and Gynæcology House Surgeon (*Pre-Registration Post*) .. 1

ST. JOHN'S HOSPITAL, LEWISHAM
House Physician (*Pre-Registration Post*) 1
House Surgeon (*Pre-Registration Post*).. 1

ST. OLAVE'S HOSPITAL
House Surgeons (*Pre-Registration Posts*) 2

QUEEN MARY'S HOSPITAL, SIDCUP
House Surgeons (*Pre-Registration Posts*) 2
Senior House Officer (£670) in General Surgery and Gynæcology 1

SOUTHERN HOSPITAL, DARTFORD
House Surgeon in Ear, Nose and Throat and Ophthalmology 1
Orthopædic House Surgeon 1

Applications, giving choice of post and choice of Hospital in order of preference, should be lodged in the Superintendent's Office not later than **Friday, 1st May, 1953.** Candidates who apply for appointment at Guy's as Assistant House Surgeons, Assistant House Physicians, *House Surgeons or House Physicians* should indicate their preference for Firms.

Pre-Registration House Officers who were appointed in March, 1953, for 6 months need not apply for reappointment. Three Assistant House Surgeons will go on to Out-Patient Officers Surgical ; two Assistant House Physicians will go on to Out-Patient Officers Medical and one will remain as Assistant House Physician.

Pre-Registration Candidates are reminded that the number of posts available at Guy's is small compared with the number of students who are likely to qualify. Students applying for appointment at Guy's, therefore, are advised to consider applying for Pre-Registration posts elsewhere at the same time in order to avoid delay in obtaining a post. A number of recognised posts are available in the South-East Region. Details of posts in this region and elsewhere in the country are available in the Medical School Office.

GUY'S HOSPITAL DENTAL DEPARTMENT

The Board of Governors of Guy's Hospital invite applications from registered Dental Practitioners for the following appointments to commence duties on 1st October 1953 :—

Department of Conservative Dental Surgery.
*4 Registrars to attend for 6 sessions each per week.
5 Registrars to attend for 3 sessions each per week.
1 Registrar to attend for 2 sessions per week.

Clinical Dental Surgery.
1 Registrar to attend on 2 sessions per week.

Assistants to the Visiting Dental Surgeons.
*1 Registrar to attend on 5 sessions per week.
*1 Registrar to attend on 6 sessions per week.

Department of Mechanics and Prosthetics.
*2 Registrars to attend for 6 sessions each per week.
1 Registrar to attend for 3 sessions per week.
2 Registrars to attend for 2 sessions each per week.

Department of Preventive Dentistry.
*1 Registrar to attend for 5 sessions per week.
2 Registrars to attend for 3 sessions each per week.

Extractions and Minor Oral Surgery.
*1 Registrar to attend for 6 sessions per week.

Casualty Department.
*1 Registrar to attend for 5 sessions per week.
*1 Registrar to attend for 6 sessions per week.

Dental Department for Children.
*1 Registrar to attend for 6 sessions per week.
1 Registrar to attend for 3 sessions per week.
3 Orthodontic Assistants to attend for 3 sessions each per week.

Ante-Natal Clinic.
1 Dental Officer to Salomons Centre for 1 session per week.

Dental Officers to the Nursing Staff.
1 to attend for 6 sessions per week.
1 to attend for 3 sessions per week.

The posts will be subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff in the National Health Service. Forms of application are obtainable from the Superintendent, Guy's Hospital, London, S.E.1, to whom applications should be sent not later than **Saturday, 2nd May, 1953.**

**One of the appointments marked with a star is eligible for grading as Senior Registrar.*

PASS LIST

UNIVERSITY OF OXFORD

Hilary Term, 1953

Pharmacology and Principles of Therapeutics

Angela M. Brock

General Pathology and Bacteriology

Angela M. Brock M. Kinsbourne

Forensic Medicine and Public Health

D. K. Croll J. B. L. Gee

Special and Clinical Pathology

D. K. Croll J. B. L. Gee

ROYAL COLLEGE OF SURGEONS OF ENGLAND

L.D.S.

First Examination
March, 1953

Anatomy and Physiology

J. G. H. Billison
R. G. Cumming
Mona Galtung
B. C. Gilliland
D. T. M. Grumitt
T. J. Jenkins
W. R. Knapman
W. G. Stewart Ross
J. F. H. Rylance
M. G. Smith

Special Anatomy and Physiology

H. A. Ball
J. G. H. Billison
R. D. Cooper
Mona Galtung
B. C. Gilliland
D. T. M. Grumitt
T. J. Jenkins
W. R. Knapman
L. B. Lux
Moya M. Murphy O'Connor
W. G. Stewart Ross
J. F. H. Rylance

CONJOINT BOARD

L.R.C.P., M.R.C.S.

First Examination
March, 1953

Anatomy

C. R. Armstrong L. Cohen R. Marx

Physiology

C. R. Armstrong L. Cohen R. Marx

Pharmacology

Joan W. Baker
Margaret A. Barrie
A. M. Brown
P. S. Boulter
Elizabeth A. Burns
J. C. Burt
D. Constad
A. Halamandres
D. J. Hudson
N. A. G. Leadbeater
J. V. V. Lewis
D. C. Linahan
K. L. Lowings
R. Palmer
O. H. Shaheen
D. J. Sills
D. L. Smithson
Ailsa M. Thurgar
E. E. D. Tomlin

SOCIETY OF APOTHECARIES OF LONDON

Final Examination

March, 1953

Surgery

*Anne Booth
G. L. Feldmar
*G. J. John
*R. G. Jones
*V. R. Jones

Pathology, Bacteriology and Forensic Medicine

W. F. T. Davies

Medicine

R. G. Orr *D. J. Waller

Midwifery

*W. G. Rhys-Jones

*have completed the examination.

APPOINTMENT

Richard Norman Ticehurst, M.Ch., F.R.C.S., appointed Consultant Surgeon to the Hastings Group of Hospitals, and commenced his duties on 1st April, 1953.

CHANGES OF ADDRESS

D. J. Anderson, M.Sc., B.D.S., "Wildacres", Bashurst Copse, Itchingfield, Sussex. Tel. : Slinfold 467.

Hugh M. Baird, M.B., B.S., D.Obst.R.C.O.G., Holmfield Cottage, Lyndhurst, Hants.

John McA. McArthur, M.B., B.S., F.R.C.S., 1, Framlington Place, Newcastle-upon-Tyne.

G. L. L. Reynolds, B.M., B.Ch., P.O. Box 120, Eldoret, Kenya.

J. F. Soothill, M.A., M.B., B.Ch., 25, Banstead Road, Ewell, Surrey. Tel. : Ewell 5285.

John G. Stebbing, M.B., B.S., 38, Telford Avenue, S.W.2. Tel. : Tulse Hill 2129.

BIRTHS

CHARD.—On 24th March, 1953, to Margaret (née Naters), wife of John D. Chard—a son (Christopher Arthur).

DAVIES.—On 14th March, 1953, to Ana (née Baldry), wife of Denis Davies, M.D.—a son (Hugh William).

GLOVER.—On Good Friday at Nuffield House, Guy's Hospital, to Jean, wife of Noel Glover, M.S.—a daughter (Joanna), a sister for Jonathan.

HONE.—On 12th April, 1953, at Harpenden Memorial Hospital, to Pat, wife of D. R. Hone, L.D.S. — a daughter (Christine Elizabeth).

KILLEY.—On 21st March, 1953, to Margaret (née Sloper), wife of Eric Killey, M.R.C.S., L.R.C.P.—a daughter (Sarah Margaret), a sister for Jennifer.

LEE.—On 24th March, 1953, to Margaret (née Pitt), wife of Harold A. Lee, M.B., B.S.—a sister for Elizabeth and Richard.

ROBINSON.—On 8th April, 1953, at Guy's Hospital, to Mary (née Portman-Lewis), wife of Alan A. Robinson, B.D.S.—a son (Alan James), a brother for Sally.

TROUNCE.—On 30th March, 1953, to Janet, (née Twistington Higgins), wife of David Trounce, M.D.—a son (John).

MARRIAGES

AMBROSE–CAMPBELL.–On 21st March, 1953, at the Hampstead Parish Church, John Stuart, only son of Mr. and Mrs. E. S. Ambrose, of Thorpe St. Andrew, and Susan Patricia, daughter of Dr. and Mrs. Maurice Campbell, of Hampstead, N.W.3.

BROMLY—CHANDLER.—On 4th April, 1953, at Reading, I. P. Bromly to Sheila Mary Chandler, S.R.N., R.S.C.N.

HAMILTON—MAGOR.—On Saturday, 21st March, 1953, at the Methodist Church, High Street, Barnet, James G. Hamilton, M.D., M.R.C.P., to Mary R. Magor, S.R.N.

HOLDEN—HAY.—On 12th March, 1953, John M. Holden, M.B., B.S., to Elaine Hay, of Hastings, New Zealand.

LESTER—BELSEY.—On 28th March, 1953, at St. Augustine's Church, Honor Oak Park, Higham Lester, L.D.S., to Brenda Belsey, S.R.N.

Eds. { E.E.D.T. P.S.B.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXVII. No. 1690 2nd May 1953 One Shilling

PASSIM

Danger in the home

THE medical consequences of industry have been the subject of enquiry and research by countless committees for many years. Eminent gentlemen, both medical and scientific, have worked painstakingly upon the hazards peculiar to iron ore workers, miners, butchers, quarrymen, dyers and cleaners, fishermen and even that rugged (and usually forgotten) individual, the farm worker.

Every day, the medical researchers, the safety committees and even the Ministers of Health have gone home from their day's travail and, at last, the more observant of these worthies have come to realize that the home and its maintenance provides one of the most dangerous industries of all.

Evidence of this unrecognized occupational hazard has recently accumulated and some of us at Guy's were greatly interested to hear from Dr. Moynahan of the magnitude of the problem presented by Housewife's Dermatitis, its prevention and its treatment. This condition must have its sufferers distributed through a majority of the homes of the civilised owrld.

This conception, that home is not the safest of places, was formulated some years ago by Dr. Leonard Colebrook and his associates in Birmingham and their contribution to domestic safety will be acknowledged by a generation of children now arising in whom the incidence of burns due to unprotected fires will, we hope, be significantly lower.

The problem of burns in children, almost all of them sustained at home, has received the attention of the Ministry of Health and our new Burns Unit, under Mr. Clarkson's direction, indicates the desire of the community to solve the therapeutic problems posed by occasional failures of Dr. Colebrook's scheme of prophylaxis.

Another facet of the purely domestic aspect of social medicine was emphasized by Dr. Vertue some weeks ago at a meeting of a Hospital Management Committee when he indicated that the winter epidemics carry in their train a greater degree of morbidity for the housewife than for her husband and, indeed, most of us know and appreciate the devotion with which the ailing male is cared for by wife or mother when she is often quite as ill as her patient.

These are only a few aspects of the problems confronting the medical profession in their own homes, as well as in those of their patients. It is to be hoped that research on such problems should go on until the home can be said to be as free from danger as is the average place of work.

A Garden Party will be given by the Governors in the grounds of the Hospital during the afternoon of Wednesday, 10th June, 1953, on the occasion of the Coronation. The Lord Mayor of London, accompanied by the Lady Mayoress, will attend and perform the opening ceremony. The Wards and Departments of the Hospital and School will be open for inspection during the afternoon.

A limited number of invitations has been reserved for old Guy's men and women, not now actively connected with Guy's, who might be interested in attending on this occasion. Early application for tickets should be made to the Superintendent, Guy's Hospital, S.E.1.

Each year as Founder's Day comes round again we wonder how many more will be celebrated in the old buildings, many of which Thomas Guy saw in being before his death in 1724. Rumours of the New Guy's, across the road as it were, persist. When the foundations will be laid is still uncertain. Meanwhile look closely at Guy's House on Founder's Day. The varied hospital life still centred in its aging walls flourishes greatly where it began nearly two hundred and thirty years ago.

We congratulate Mr. F. R. Janes, who has been assistant to the Superintendent since 1947, on his appointment as Deputy Secretary to the Bradford "A" Group Hospital Management Committee.

GUY'S DIARY

MAY

		Exhibition. Surgical Department. *Hæmaturia.*
4th	12.30.	Founder's Day Service in Hospital Chapel.
	5.00.	Film. Surgical Department. *Surgical Closure of the Patent Ductus Arteriosus.* Clinical Theatre.
5th	1.00.	Mr. F. R. Kilpatrick. Clinical Lecture.
7th	1.00.	Dr. Alan Woods. Clinical Lecture. *The Pathogenesis and Treatment of Ocular Tuberculosis.*
	5.00.	X-ray Meeting. Gordon Museum.
8th	1.00.	Dr. K. S. MacLean. Clinical Lecture.
	2.15.	Combined Round. Preclinical Classroom.
9th	10.00.	Professor G. Perkins (St. Thomas's Hospital). Departmental Round. Clinical Theatre.
11th	1.00.	Mr. T. T. Stamm. Clinical Lecture. *Pain in the Neck.*
	5.00 & 8.30.	Dr. Anderson (Head of Medical Department, Church Missionary Society). *Medical Work Overseas.* *See page* 153.
12th	1.00.	Dr. P. M. F. Bishop. Clinical Lecture. *Disorders of Sex.*
13th	4.45.	Science Club. Dr. H. St. H. Vertue. *The Atom and the Cosmos of the Greeks.* Staff Common Room. (Tea 4.30 p.m.)
14th	1.00.	Mr. F. N. Glover. Clinical Lecture.
	5.00.	X-ray Meeting. Gordon Museum.
15th	2.15.	Combined Round. Preclinical Classroom.
	5.00.	Fison Memorial Lecture. Sir Lawrence Bragg. *See page* 153.
18th	1.00.	Dr. A. M. Hutton. Clinical Lecture.
19th	12.00.	Mr. F. S. Warner. Clinical Lecture. *Some Pathological Conditions of the Tongue.* Dental Theatre.

NOTICES

FOUNDER'S DAY, 1953

Founder's Day will be observed on

MONDAY, 4TH MAY, 1953

SERVICE IN THE CHAPEL AT 12.30 P.M.

PREACHER :

THE REV. CANON C. B. MORTLOCK, M.A., HON. A.R.I.B.A.

Rector of St. Vedast, Foster Lane, City of London. Treasurer and Prebendary of Chichester Cathedral.

GUY'S HOSPITAL MEDICAL SCHOOL

(UNIVERSITY OF LONDON)

THE

FISON MEMORIAL LECTURE

X-RAY ANALYSIS OF PROTEIN MOLECULES

will be delivered by

SIR LAWRENCE BRAGG, K.B.E., M.C., M.A., F.R.S.

in the

PHYSIOLOGY THEATRE

on

Friday, 15th May, 1953, at 5 p.m.

The Chair will be taken by

PROFESSOR G. STEAD, M.A., D.SC.

Tickets are available from :—

The Dean, Guy's Hospital Medical School, London Bridge, S.E.1.

THE INNOMINATE CLUB, 1921

The ANNUAL DINNER will be held at the TROCADERO RESTAURANT at 7.30 p.m. on Friday, 5th June, 1953. Price of dinner, excluding wines, 25*s.* (in advance). Those who wish to attend should get in touch, as soon as possible with the Hon. Secretary, G. T. Hankey, 89 Harley Street, London, W.1 (Tel. : Welbeck 4777).

MEDICAL WORK OVERSEAS

On May 11th Dr. Anderson, head of the Medical Department of the Church Missionary Society, will speak on medical work overseas and show a recently produced sound film : *Towards Wholeness*, at 5 p.m. in the Anatomy Theatre, and 8.30 p.m. in the Nursing School.

Members of the staff, students and nurses are cordially invited to attend.

The National Fund for Poliomyelitis Research is organising a sale of signed first editions by contemporary authors in Harrods book department from May 11th—16th.

AN OLD CUSTOM REVIVED: THE DAVIES-COLLEY CUP FINAL.

Sir John Conybeare and Dr. Boland accompanied by their teams (evidently suitably refreshed) pose with Mr. Doherty after the spirited encounter.

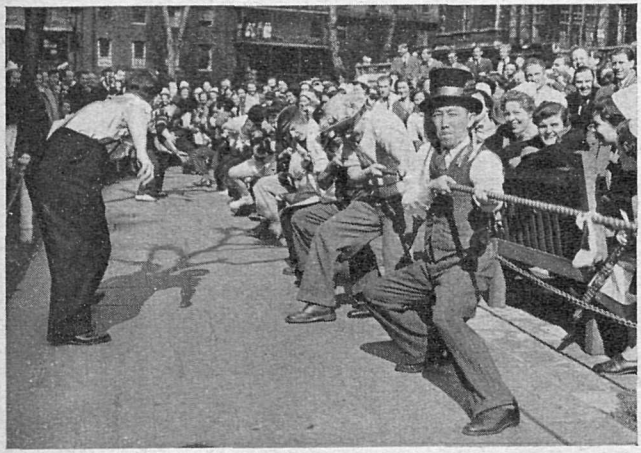
AN OLD CUSTOM REVIVED

Remarkable Scenes of Enthusiasm in the Park

On a sunny spring afternoon a large crowd, including numerous members of the Consultant Staff of the Hospital, gathered in the Park to watch an entertaining battle.

To celebrate the end of the Medical Appointments, the traditional Tug of War was revived after a lapse of some years on Wednesday, April 15th.

The Davies-Colley Cup was successfully defended by Dr. Boland's firm against the challengers, Sir John Conybeare's firm.



Sir John's firm were stylish challengers.

Spread out along 150 ft. of rope were the two firms, the challengers attired in an assorted array of headgear, the defenders appearing more dignified in their dark suits, although it may be noted that a certain distinguished cardiologist cast his shoes to obtain a better grip. The success of his team may be partly attributed to this. In the same team another distinguished physician was seen to use his " avoirdupois " with considerable effect as " Anchor ".

Sir John's firm was somewhat " Americanised " by merit of having a delightfully decorative " cheer leader " whose voice, however, did not carry above the shouts of the many supporters.

Dr. Boland's firm won the toss and defended the Medical School end first. Mr. Doherty, who umpired, started the contest and the first round quickly went to them. Not perturbed however, Sir John's firm quickly equalised with a short sharp tug. The final pull was a ding dong battle which was eventually won by the Boland team.

The customary refreshment was then taken by the participants and their supporters. Before a large and varied assembly

Dr. Baker leads Dr. Boland's Firm.

Mr. Doherty, in his capacity as Superintendent and Umpire, then presented Dr. Baker, as leader of the winning side, with the cup amid scenes of considerable enthusiasm.

So ended a pleasant afternoon and the revival of yet another old Guy's custom.

D.B.L. C.B.

The Superintendent congratulates Dr. Boland on retaining the Davies-Colley Cup.

TEAMS :

Dr. Boland's Firm :

Dr. C. G. Baker, Dr. K. MacLean, Dr. D. Deuchar, Dr. P. Dunbar, Mr. C. Bishop, Miss G. H. Cann, Mr. A. E. Kenmuir-Evans, Mr. D. B. Longmore, Mr. E. Moran, Miss J. Platnaur, Mr. M. D. Vickers and Mr. K. Wilderspin.

Sir John Conybeare's Firm :—

Mr. K. Lee, Mr. J. Greeves, Mr. I. Macdougall, Mr. D. Miller, Miss D. Collins, Mr. Y. Nalletamby, Mr. A. Aistrop, Miss May Jaques, Mr. H. Carling, Mr. I. Reid, Dr. B. Tudgay, Dr. J. Smith, Dr. K. Gray and Dr. T. Finnegan.

Interviewed after the contest, a member of Dr. Boland's firm commented as follows : " I couldn't have pulled much longer "—his face tightened, " Oh my hamstrings ! " This is regarded as substantial evidence of the quality of the tractive effort expended by Sir John's narrowly defeated team.

(Photographs by kind permission of Fox Photos Ltd.)

FORENSIC DENTISTRY

A Clinical Lecture delivered at Guy's Hospital on 29th December, 1952

By H. H. KENSHOLE, D.S.O., T.D., F.D.S., L.R.C.P., M.R.C.S.

BY an understandable association of ideas, from knowledge you have already gained of Forensic Medicine, I very much fear my title will lead you to expect to be regaled by details of *Revealing Root Remnants* such as, in the Baptist Church Cellar Case, caused Dobkin to suffer the death penalty, or of the *Damning Durand Deacon Dentures* by which Haigh's victim was identified, or even of the *Bitten Breast of a Battered Bride* as occurred in the murder behind the Tunbridge Wells Police Station and for which one Gorringe went to the scaffold. But I must leave such to those far more experienced than I, and deal with much more prosaic matters.

It is, perhaps, of some importance that those listening to a Clinical Lecture should have some knowledge of the subject of the discourse ; it is even more important for the deliverer to have at least a smattering of such knowledge. I therefore referred to my Pocket Law Lexicon which reveals that Forensic means " Belonging to Courts of Justice ; e.g., forensic medicine, otherwise called medical jurisprudence, the science dealing with the application of medical knowledge to the purposes of the law ". And from *Wharton's Law Lexicon*, " Forensic Medicine—the science which applies the principles and practice of the different branches of medicine to the elucidation of doubtful questions in a court of justice. This science is also termed medical jurisprudence, legal medicine and state medicine ".

From this I think it may be accepted that Forensic Dentistry may otherwise be called Dental Jurisprudence—that science which teaches the application of every branch of dental knowledge to the purposes of the law. From the Appendix on Dental Jurisprudence in Bennett's textbook on Dental Surgery (1914 edition) I quote :—

" The dentist, however, is not called upon so frequently as his medical colleague to assist the law by the employment of his skill and knowledge in those classes of cases in which the services of the medical man are required by the State ; nor does the dentist at the present time have to render to any great extent services analagous to those of medical officers of health, nor is the dentist called upon, to any great extent to give evidence as an expert witness in civil cases (accidents) or in criminal (pathological and toxicological) cases."

So the author regarded the subject as an outline of the legal relationships into which, by virtue of his professional status, the dentist is brought (*a*) with the State, (*b*) the lay public, and (*c*) his fellow dental practitioner. In fact, in a nutshell, the Law and Ethics of Dental Practice.

Beyond suggesting that in the year 1952 the above quotation is scarcely as apt as it was in 1914, (for the dentist is not infrequently called upon to assist the law by the employment of his special skill and knowledge) ; with the growth of the Public Dental Services, and now the General Dental Services of the National Health Service, the dentist has to render services analagous to those of medical officers of health ; and the dentist is often called upon to give evidence as an expert witness in civil cases, such as accidents involving injuries to teeth, jaws and mouth, and from time to time in criminal cases as in Rex *v*, Dobkin ; I would follow the author of the Appendix by including

the legal relationships of the dentist with the State and with the lay public. To the subject of the relationships into which a dentist may be brought with his fellow dental practitioners, which may be legal (e.g., as Locum Tenens, in Assistantships and Partnerships) but are more often ethical, I will not refer. It may well be that a course of lectures should be given here as elsewhere upon the subject of Dental Jurisprudence and Ethics of Dental Practice, but that may be an innovation of the future.

First, then, the law relating to dentists in Great Britain. Like every other subject in the realm a dentist is subject to the Rule of Law. He is subject to both Statute Law and to the Common Law of England, that body of law which has been laid down, mainly by the judges in what is known as Case Law through the ages and is as much the law of the land as are the enactments of Parliament. He is subject to certain Statutes, such as the Dentists Act of 1878, and 1921 (as you all know, there was a Dentists' Bill before Parliament in the last session, which failed to become Law), and he is subject in addition to the Common Law relating to Contract as it relates especially to dentists in the agreements they reach expressly or by implication with their patients and others, including now the State in the form of the Dental Estimates Board ; and to the Law of Tort or civil wrong as to their duties to patients and others. In this respect the dentist is in no unusual position, and in many respects he is more fortunate than some, for there is little conflict as to the law relating to Dentists. By way of example, one of the first things a soldier has to learn is that he is subject to the same law as civilians and *in addition* to Military Law, particularly that contained in the Army Act.

The soldier sometimes is placed in a difficult position, for the Army Act creates a number of different offences, and just to be on the safe side, Section 40 makes an offence " Conduct or Neglect to the prejudice of good order and military discipline ". Thus, if a soldier misbehaves and it is not possible to bring his misbehaviour within one or more of the other offences enumerated in the Army Act he can always be charged with either doing something or else neglecting to do so something " to the prejudice of good order and military discipline ".

Many of you are likely to serve, and though in time of peace it is improbable that you will be greatly concerned in such matters, I would mention that junior officers sometimes make the mistake of making a charge under this Section of " failing to comply with an order " and a soldier may very properly claim that no offence has been committed, for the Act states " Conduct or Neglect " and does not mention " Failure to comply "—the correct charge being Neglect, etc., etc., in that he *neglected* to obey.

But junior officers sometimes learn the hard way. There was, for instance the occasion when as a young Company Officer one of my men made a request for compassionate leave on the ground that his wife was going to have a baby. Young, innocent, untutored in the wiles of the war-time soldier and affected by feelings of human kindness I granted 72 hours' leave, and when I saw the man after his return enquired tenderly whether it was a boy or a girl. The soldier replied

that he did not yet know, but that he hoped to be able to give me the answer in nine months' time !

A far more serious crime under the Army Act is " Disobeying an order lawfully given ". An offence punishable by death if committed on Active Service. Yet it is legally a fact that sometimes a soldier obeys an order at his peril if this order is in fact unlawful, yet if he disobeys it and it is a lawful command he is, as I say, guilty of a very serious offence. He is thus placed in a most difficult position, for he must decide for himself whether or not an order is lawful. In practice, such a conflict seldom arises, but it can do and has done on more than one occasion.

Kenny on Criminal Law writes :—

" A marine, who, to obey orders, shoots a boatman who insists on rowing up to the ship, will probably be held not guilty of murder if he knew that the orders were given lest the boatman should promote mutiny on board ; for such orders he might reasonably suppose to be lawful. Yet he clearly would be guilty if he knew them to be given from a mere desire to keep the ship agreeably isolated."

The British Manual of Military Law admits it to be still " somewhat doubtful Law, for a superior officer's specific command, even one not obviously improper, will excuse a soldier for acting illegally ". But the courts of the United States have repeatedly refused to recognise any such excuse at all, and insist that a soldier or sailor cannot plead his commander's orders as a defence unless they not merely seemed to be legal but actually were so. On the other hand this extreme American doctrine is ridiculed by French jurists as " la théorie des baionettes intelligentes ". Thus, perhaps, you will appreciate something of the conflict of views upon the defence of " Superior orders " canvassed at the Nuremberg trials.

I have referred above to human kindness and this it was, perhaps, that played a part in the death of the first patient, so far as I am aware, I hastened to his grave. As an Assistant Dental House Surgeon, early in my appointment and naturally full of enthusiasm, I persuaded my Dental House Surgeon to have admitted into a Medical ward a very old, very ill man suffering with acute ulcerative stomatitis, and in retrospect I feel convinced that my efforts at scaling and hygiene intensified the septicæmia from whcih he was suffering, and hastened his end.

You have heard that " Beer is best " and sometimes it would seem to be preferred to the milk of human kindness, as the following anecdote may show :

Some of you may be aware that before the last War there used to be on sale a series o etchings of Guy's Hospital.* The first of the series, curiously enough, was not, as one might expect, the facade of Guy's House, or the Colonnade, but was of the Ship and Shovel, the public house, which stood in Great Maze Pond about opposite the present Surgical X-ray Department, and frequented by generations of Guy's housemen and residents of the College.

The story is told of one who now holds the highest executive position in the Hospital and relates to his first day as an Assistant House Surgeon to one of the most kindly and beloved of Guy's Surgeons, the late " Joey " Hughes. They had operated that afternoon and in the course of the evening the Ward Sister had phoned for the A.H.S. as she was unhappy about the condition of a patient upon whom an operation had been performed. As was to be expected in the circumstances he was scarcely as confident as his outward demeanour showed when he suggested to the Sister that they should wait an hour or so to see if the man's post-operative condition should improve for, as he himself admitted afterwards, he hadn't the faintest idea what else to advise.

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* (*These etchings may still be purchased at the " Gazette " office.*—Editor.)

The evening wore on and yet again the Sister rang for him and when he visited the ward he was just as much at sea as before, so he went to the Front Lodge and telephoned Joey Hughes. Having related to him details of the man's condition, and hoping that he would be told, "All right, George, I'll be down in half an hour to see him", instead Joey, realising full well there was little cause for concern, asked: "What time is it now, George?", and on receiving the reply, "About seven minutes to ten, Sir", rejoined: "Well, George, if you run like hell, you'll just get to the Ship and Shovel before it closes".

I would assure you that the best of intentions sometimes lead one into difficulties, and human kindness misplaced may place you in jeopardy of the law. Of this, I would from my own experience give you examples, but time is passing.

Dentistry was originally practiced by the Guilds and Companies. A Charter of 1462 granted to the Barbers' Company by Edward IV ordered that the "freemen of the mystery of Barbers of our City of London exercising the mystery or art of surgery and drawing the teeth of our liege men may be in name and deed one body and one perpetual community, etc.". In 1541 in *Statute 32 HEN. VIII C. 42* there is the first mention of dentists in statute law. It enacted (inter alia) that barbers were no longer to practice surgery "except of drawing of teeth". Then came the Dentists' Act of 1878 and 1921. The latter made dentistry a closed profession. It prohibited with certain temporary exceptions the practice of dentistry by any but registered persons, those who had passed examinations supervised and approved by the General Medical Council and the Dental Board. In fact it is at present the Statute that will make you honest men. As for lady students, it would be ungallant of me to suggest that any law will be required to make honest women of them. For, by Clause 1 of the Act, under the heading "Prohibition of Practice of Dentistry by Unregistered Persons",

(1) No person shall, unless he is registered in the Dentists' Register under the Dentists, Act, 1878, (in this Act referred to as "The Principal Act"), practise or hold himself out, whether directly or by implication, as practising or as being prepared to practise dentistry.

(2) Any person who acts in contravention of the provisions of this section shall, in respect of each offence, be liable on summary conviction to a fine not exceeding £100.

(3) Nothing in this section shall operate to prevent

(*a*) the practice of dentistry by a registered medical practitioner; or

(*b*) the extraction of a tooth by a duly registered pharmaceutical chemist or duly registered chemist and druggist, where the case is urgent and no registered medical practitioner or registered dentist is available and the operation is performed without the application of any general or local anæsthetic; or

(*c*) the performance in any public dental service of minor dental work by any person under the personal supervision of a registered dentist and in accordance with conditions approved by the Minister of Health after consultation with the Dental Board to be established under this Act.

It should be noted that registration with the Dental Board creates a contract between the dentist and the Board. It is the responsibility of a registered dentist to make himself aware of the terms of that contract, and it is no excuse to say that he did not know. The Regulations of the Dental Board should be known to every dentist. Perhaps, too, it should be mentioned that under the National Health Service Act and Regulations made thereunder, the practice of dentistry

by a registered medical practitioner within the General Dental Services is, unless he is also on the Dental Register, prohibited.

With regard to the qualifications which are registrable in the Dentists' Register, it may come as a slight surprise to you, as in truth it did to me, to know that University degrees take precedence over any other type of qualification awarded by any licensing body and a medical degree precedes a dental degree if of equal academic standard. Thus B.D.S. precedes not only L.R.C.P., M.R.C.S., but also F.R.C.S.

The qualifications granted by the Royal College of Surgeons should be shown F.D.S.R.C.S., and L.D.S.R.C.S. without a comma in the middle (F.D.S., R.C.S. is thus incorrect). The appropriate order of precedence is therefore :—

M.D., M.S., M.D.S., M.B., Ch.B., B.D.S., F.R.C.S., F.D.S.R.C.S., L.R.C.P., M.R.C.S., H.D.D., L.D.S.

A Dentists' Bill was considered by Parliament last session. It did not reach the Statute Book for, though it was passed by the House of Lords, it was dropped at the second reading in the Commons. In this respect it suffered the same fate as two other Bills, one an Agricultural bill dealing with Erosion of Soil, and the other with Salmon Poaching in Scotland. I believe it to be true that the former has again been introduced in this session and is likely to become law shortly, but erosion of teeth seems not to have roused the public conscience to the same extent, for as yet no further parliamentary time has been expended upon the Dentists' Bill. Whether or not this will be so in the near future is not yet known, but I hope it may be of some interest to consider for a moment why laws are enacted by the legislature.

The law always lags behind public opinion and public sense of what ought to be. For example, conduct may be grossly wicked and yet no breach of law at all.

A stranger who should callously stand by and watch a child drowning in a shallow pond, would arouse universal indignation ; but in England (though it is otherwise in France) he would have committed neither a crime nor a breach of the common law.

" If I saw a man, who was not under my charge, taking up a tumbler of poison I should not become guilty of any crime by not stopping him." Nor by not warning a blind man whom I see heading for the edge of a cliff.

But rest assured if the public weal demands the enactment of provisions such as were contained in the Dentists' Bill a new Dentists' Act will become part of the Statute Law of England, and that sooner rather than later.

Now what about legal obligations of a dentist to his patient ? The rights and obligations that arise out of the relation between the dentist and his patient result from a contract between them, and this contract may be oral and many of its terms implied. Nowadays, under the General Dental Services of the National Health Service the contract is between the patient, the dentist and the State, for whom the Dental Estimates Board is an agent. Such a contract is intended to be evidenced by the signature of the dentist on the Dental Estimate Form accepting the patient. But, in fact, the contract may be determined to exist even though no signed acceptance is given by the dentist to the patient, as the following details of a complaint considered by a Dental Service Committee recently go to show.

A member of the public complained that a Mr. X, a dentist, had fractured his wife's jaw badly on 9th April, 1951, while performing dental extractions. During the course of the hearing the complainant stated that Mr. X did not give his wife any yellow slip or any other papers on accepting her as a patient. The Dental Estimates Board stated that there was no record of the receipt of an estimate under the National Registration Identity number of the man's wife, and Mr. X stated that he had no record of having filled in a Dental Estimate Form in respect of her. Yet upon the evidence given the Dental Services Committee recommended that Mr. X committed a breach of the terms of service by his failure to supply to a *patient whom he had accepted* the signed acknowledgment portion of the dental estimate form.

In other words the Committee decided that the obligation of a contract arose when the dentist accepted the patient.

A dentist is under a contractual obligation as a rule to the patient to treat him or her properly and with reasonable skill. As well as this contractual obligation a dentist is under a special duty by reason of his calling to exercise reasonable care and skill, and failure so to do makes him liable to a claim for damages on the ground of negligence.

But first, what constitutes " reasonable care and skill " ? Neither the very highest nor a very low degree of skill is what the law requires. Because someone of greater skill and knowledge would have acted differently or operated in a different way, it does not follow that there has been negligence.

The practice of dentistry, which from its nature requires special skill, training and experience, carries with it a representation that the person practising or exercising it has a reasonable amount of skill, ability, training and experience. And a dentist is liable for injury caused to another when acting in a professional capacity if he fails to possess that amount of skill, training and experience which is usually demanded and required in his profession. He is also liable if he neglects to use the skill and experience which he possesses, or the necessary degree of care demanded or professed in any particular case. Where a practitioner has special knowledge of that which he is employed to do, and negligently omits to use it, and thereby causes injury, he is liable notwithstanding that a person or ordinary skill could not have avoided such injury.

And so it will be seen that although untoward events occur such as roots left behind in extractions, fractures of the jaw happen, needles from time to time unfortunately break, or teeth or portions of teeth are inhaled during the course of anæsthesia, none of these things of themselves establish negligence, and provided that the dentist can establish to the satisfaction of the judge or jury that a reasonable degree of skill and care has been used he can hope to be declared free from liability. It is, of course, an additional safeguard that the onus of proof that the dentist has failed to use reasonable care and skill lies on the patient who claims otherwise.

In the case of deaths which sometimes are associated with anæsthesia administered for purposes connected with dentistry, for such unfortunately do occur, again provided there has been no negligence a coroner's verdict will always be one of misadventure or accidental death. Such it will be unless there are in the circumstances which give rise to the death such evidences of negligence that a coroner's jury satisfy themselves that such a high degree of negligence ought not to have occurred, and that such culpable negligence brought about death.

A PRACTITIONER'S PLEA

By DESMOND MACMANUS, M.B., B.S., M.R.C.S., L.R.C.P.

Insonuere Cavae Gemitumque Dedere Cavernae

THIS line was written by Virgil in his beautiful description of the introduction by the Greeks of the Wooden Horse into Troy, by which stratagem the city fell. Laocoon, the priest, had just hurled his spear into the flank of the horse, and by those words Virgil meant that the Wooden Horse was hollow and had any Trojan had the gift of percussion, even as is to this day performed by a mallet on a wine cask, the deception would have been discovered and Troy would have been saved. Percussion—the distinction between resonance and dullness and the degree existing of either—is a great art and a great weapon in our diagnostic armamentarium ; but—and I do hope I am wrong—it seems to me to be today a much neglected one. I have seen so many young doctors listen to lungs and never percuss. Their argument always is—" Oh, we are going to have an X-ray."

I think back to the years before World War I to the Physicians at Guy's—Sir Cooper Perry—Sir William Hale White—A. P. Beddard —John Fawcett—Lauriston Shaw and Sir Arthur Hurst—what a team of giants ! All Internationals ! It was a problem whose round to attend. How well I remember Cooper Perry, when the late Professor John Ryle was his senior ward clerk, saying to him, " Mr. Ryle, what do you think of this patient ? " It was a chest case. John promptly took out his stethoscope. Sir Cooper restrained him and said, with a kindly smile, " No, Mr. Ryle, use the senses God gave you first—Look ! Touch ! Feel !—before you use any mechanical instrument." Ryle told me afterwards that he felt that those wise words were the greatest help to him in his career and that he had over and over again used them in his teaching rounds when his time came—and what a fine clinical physician John Ryle was.

This little article of mine is just a plea to those who follow us elderly practitioners—to those who teach—to those who learn—not to be so absorbed by the wonders of modern mechanical medicine as to lose the value of developing their own special senses—Sight, Hearing, Touch, Smell, and even on occasions, Taste. Believe me my young friends, that even in your generation, they are well worth cultivating.

PULSE

A new illustrated number of *Pulse* is now published in the Medical School. We are delighted to welcome this wall magazine among us again and commend it to our readers.

THE POISONER

Far, far too much had been learnt of poisons.
This account taken from a confession
Pieced together from a tattered vellum
Of a leading artist of the profession.

" A new client, is always welcome, Sir.
Where we can talk in secret, let us go,
There you may your difficulties reveal—
Pray enter my Alembic Studio.

I'll give you an example of my skill ;
I'll make the water black, blue, green or red.
Blue is harmless, but the distracted wight
For once, down he goes on his marrow bones.
Secretly primed with a similar pill,
Is kept, on the run, morning noon and night.
Calls for the priest, takes to his bed,
Then the notary to make his will.
For sundry peccadilloes he atones.

The price is—gifts to St. Anne, and candles.
Used with the connivance of the clergy
With the most gratifying success
For minor vices—and major scandals.

My remedies I shew you with pride
The dose is adjusted with due finesse
Appropriate to any conditions
My client's choice is surely rich and wide.

This pleasing syrup—say minims ten—
This almond or peach blossom pleasant smell
Is the very Distillate of Death
The quickest route to heaven, or hell.

If my honoured patron is not in haste,
As each remedy takes so many days
The result can quite easily be timed ;
Such purchase of Time it well repays.

Prudence demands the counterfeiting
Of Nature's ways, the end should be deferred
A fortnight, or some reasonable time.
May be a longer interval is preferred.

With the loss of your late lamented friend
Your principal obstacle is removed.
May heaven so prosper all your affairs ;
And duly reward you for your pains.
With your circumstances so much improved
The wealthy widow her courtier gains,
While you transmit the favours to your heirs.

Secure in my inmost coffer,
I'll take an oath to tell the truth,
I have a great treasure to offer,
The elixir of perpetual youth.

Can Venice shew a knight so fine,
A youth with such distinguished air
As my illustrious Florentine ?
Could he ten thousand ducats spare ?
Senõr has elegance and poise,
A Don Juan with the ladies,
Prince Fortunatus to the boys.
For this golden chance could I touch
His honour for say five thousand
A trifling outlay—not too much ?

Why not take the dose myself ?

Alas ! Time has clipt Ambition's wings,
I am a plant long gone to seed.
This points a moral, for today's
Luxury is tomorrow's need !

One ingredient is liquid gold,
Other secrets I must preserve.
Would his excellency advance
A thousand ducats as a reserve ? "

The last few words cannot be read
So whether he his money spends
Is not known, and lost for ever
As—like this tale—the parchment ends.

A. G. G. P.

CORRESPONDENCE

Letters to the Editor of the Gazette

Rugby Football Club : A Review of the past season

SIR,—During the recent months many of your correspondents have enquired into the state of health of Guy's R.F.C. To allay their fears I would like to review briefly the past season.

The club ran six sides on Saturdays and one Wednesday afternoon XV, a number which proved to be adequate for the 120 playing members. The records of the senior teams were :—

	Played	*Won*	*Lost*	*Drawn*	*Points For*	*Points Against*
1st XV ..	32	12	19	1	187	286
"A" XV ..	24	17	5	2	264	174

The record of the first XV may not seem very impressive but it does indicate an improvement upon recent years and a feature of the season has been the number of games lost by slender margins and almost against the run of the play, particularly those against Birkenhead and Llanelly. Twice during the season was the club really trounced, by Cambridge Union and U.S. Portsmouth, but we inflicted in return heavy defeats upon Aberdeen and Old Cranleighans. For the rest of the season hard, clean, even games were played against our traditional foes,and although defeated by Aberavon, Bedford, Coventry and Gloucester ; victories were scored over Blackheath, Plymouth Albion, Moseley and Devonport Services.

But the true evidence of the quality of rugger played is seen in that seven members represented United Hospitals, six played for Kent and one for the London Counties. At least the selectors seem sure of Guy's place in first class rugby.

The record of the "A" XV coupled with the ease with which they won the Junior Cup speaks for itself. Indeed the problem here is to find them a strong enough fixture list while keeping within the travelling limit imposed by the Clubs' Union.

At the close of the season a Guy's seven won the Kent Sevens bringing to Guy's its first trophy ever won at this game. Surely this must be an omen for the coming season.

Yours, etc.,

C. W. POOK,

Captain, Guy's Hospital Rugby Football Club.

Guy's Sports

SIR,—The Guy's Sports are to be held on Saturday, 30th May, 1953, at Honor Oak Park, at 2.30 p.m. Besides the track events there will be a number of humerous competitions including the *Annual Housemen's Derby*, the *Mixed Three-Legged Race* and the *Children's Races*. Members of the Borough Market Athletic Club have once again kindly consented to run in the unique *Borough Basket Race*. In the evening a dance will be held in the pavilion.

The success of this great annual social and athletic occasion depends largely on the support of non-competitors and all Guy's men and ladies and their friends are cordially invited to come.

Yours, etc.,

B. ARMITAGE.

J. V. V. LEWIS.

REVIEWS

Lectures on the Scientific Basis of Medicine. Vol. I, 1951–52. British Postgraduate Medical Federation. University of London. Athlone Press. *Price* 30*s.*

Here are 18 of the 39 lectures given during the winter 1951–52. They are well printed in clear type and produced in a neat book of 396 pages. It is singularly free of printing errors, although the captions to Figs. 10 and 11 (p. 168–9) have been reversed. The price (30*s.*) seems disproportionately high.

They are specifically postgraduate lectures, and the value of the book to the undergraduate appears very limited. Indeed, the lectures were selected " especially for the younger research workers and teachers in the preclinical and clinical sciences and for junior clinicians . . ." With such wide premises it would be surprising if all the lectures had equal appeal to all readers.

Two of the series, *The Scientific Approach to Medical Research* (No. I), E. D. Adrian, and the *Contribution of Science to the Practice of Health* (No. XIV), J. M. Mackintosh, are on general topics ; the rest are all very specialised. Physicians will enjoy D. D. Van Slyke's account of *Renal Function in Health and Disease*, and the article on the *Lability of the Blood Pressure* by Prof. M. L. Rosenheim. Prof. E. C. Dodd's lecture on *Research on Aging* contains much of interest, but it is strange to see no reference to degenerative arterial disease. All clinical workers will enjoy the chapter by O. G. Edholm on the *Effects of Hæmorrhage*, and the clear account of *Adrenal Hormones and ACTH* by Prof. F. C. Young. *The Biological Action of Radiation* seems likely to concern us all, and J. F. Loutit writes about it lucidly and without technicalities.

Many of the remaining articles, however, have only limited appeal although valuable and authoritative in their field.

In summary it seems a valuable book to read, a pleasant gift, but to contain too much that is too specialised to make most clinicians buy it for themselves.

C.L.J.

Fitness for the Average Man. By Sir Adolphe Abrahams, O.B.E., M.D., F.R.C.P. Christopher Johnson, London. *Price* 10*s.* 6*d.*

Though this book is presumably intended more for the man-in-the-street than for the student or practitioner of medicine, it nevertheless contains much useful information which will not be found in advisory medical textbooks.

Written in simple language, it deals comprehensively with the effects of such things as food, drink and tobacco on health and physical fitness, and while preaching moderation in all things does so in a broad-minded manner.

It gives sound advice both to the average man or woman who wants to keep fit and to the athlete in strict training. It makes most interesting reading and can be thoroughly recommended.

E.J.C.

Dental Surgery and Pathology. By J. F. Colyer and Evelyn Sprawson. Butterworth. *Price* 75*s.*

This work has for very many years been a popular dental textbook and in the new edition little change has been made in its familiar character.

Noteworthy additions are a very good section on Osteomyelitis of Dental Origin, a section on the treatment of fractures of anterior teeth and a chapter on the use of Sulphonamides and Antibiotics in dentistry.

There is a great deal of material which would still benefit by revision in the light of modern concepts, particularly the chapters on Orthodontics and Paradontal Disease. Nevertheless it is a very readable book containing a wealth of information of value to both student and practitioner.

D.J.N.

Problems of Fertility in General Practice. By STALLWORTHY, WALLER, MALLESON and JACKSON. 2nd Edition, 1953. Cassell & Co. Ltd. *Price* 18*s.* 6*d.*

This book is much more comprehensive than its title suggests, for it deals with such problems as conception, contraception, infertility and abortion. Indeed it is remarkable for its breadth of view and very humane philosophy.

Nowadays couples are less willing to accept unquestioningly the families which fortune sends them. They feel the need to plan a family in an intelligent way. They seek advice, and generally from their family doctor. This book offers the best insight into family planning which modern knowledge affords. Here is a book obviously important to the family doctor and his consultant colleague.

It is pointed out that infertility may be the fault of either party in marriage, and there is a reminder that women should not be subjected to extensive investigations, even operations, without making certain that the husband is without fault. Likewise the book sounds a timely warning against delaying attempts to raise a family until fertility is impaired. It stresses that the care of a woman who has aborted does not entirely end when her uterus has been evacuated. Advice should be offered, perhaps to inspire confidence in another pregnancy or it may be proper to discuss contraception.

These are a very few of the points dealt with in this book which is of great value to the practitioner. E.A.W.

Indian Hemp: A Social Menace. By DONALD MCI. JOHNSON, M.A., M.B., Barrister at Law. Christopher Johnson. *Price* 8*s.* 6*d.*

This book is a study of the problem of Indian Hemp (Marihuanha) addiction in this country. The author emphasizes that two police enquiries have shown that this drug has increased in popularity by a very significant amount in the last few years, and therefore a serious view of the problem should now be taken by the medical profession and the public.

Entering the open and uncharted seas of speculation, he suggests that many recent world events have been brought about by Indian Hemp—these apparently include the Pont St. Esprit episodes of 1951, the confessions of the accused in Hungarian trials and the mass purges of the 1930's in Russia.

At the very least, the evidence brought forward is scanty and there is a considerable fanciful element, which runs throughout the book.

Of the style of writing, one must be rather critical : this book is designed for " the medical profession and the intelligent layman ". The author has sought to woo these difficult types of reader by marrying pharmacology and sensationalism and the product of this union is probably not to the taste of either. However, this book will repay brief study on one account—the symptomatology of Cannabis poisoning is exhaustively dealt with in a way that no standard textbook could manage and this may be helpful to the practitioners of, what Dr. Johnson fears to be, a hemp-ridden future. P.S.B.

Handbook of Basic Microtechnique. By PETER GRAY, PH.D., D.I.C. Constable and Company Ltd., 1953. *Price* 12*s.* 6*d.*

This opinionated handbook will be welcomed by any young histological technician who has tried to find his own way through the complexities of the more comprehensive technique books. At the same time the author's firmly held and firmly expressed opinions may be a source of irritation to the more experienced technician who has formulated his own credo. For example, although there is some reason in the statements, to state dogmatically that essential oils should never be used for clearing before embedding in paraffin wax or that microtome knives should not normally be stropped may be regarded as eccentric. However, most of the text is extremely helpful, being well laid out and most usefully illustrated. Beginners will find the section on specific examples of slide making, containing as they do detailed directions on each step, particularly useful. G.A.T.

SPORT

AWARD OF BLUES

The following Blues and Half Blues were awarded by the Blues Committee on Tuesday, 14th April, 1953 :—

	FULL BLUES	HALF BLUES	
Association Football	D. Harris	G. Hansfield	N. Thomas
	N. Crabtree	G. B. Major	
Boxing Club ..	M. H. H. Bishop	J. Allardice	A. Peebles
		D. Howard-Allan	C. Wallace
Hockey Club ..	J. I. Millar	H. M. Tuddenham	M. F. H. Willis
		R. R. Paul	
Golf Club	—	G. R. Fieldhouse	D. Croll
Swimming Club ..	—	C. K. Wilkinson	G. Beresford
Rugby Club ..	G. D. Thomas	G. C. Kingston	N. Glendinning
	D. K. Fairweather	W. Hackett	K. P. Walker
	A. A. Craigen	R. Hawley	D. C. Lee
	H. C. Meredith	A. Brenan	G. Osborne
	D. P. Honey		

LAWN TENNIS

Guy's *v.* St. John's College

Guy's were at full strength for their match against St. John's College, Cambridge, on Saturday, April 25th. The game was the first played on grass this year and the Club wishes to express its thanks to Mr. H. Kirby for once again producing courts of such high standard. The St. John's men showed attractive style but lacked consistency under pressure. They regretted the absence of John Barrett, who recently won the Surrey Hard Court Singles, Mixed and Men's Doubles, but made no excuses for the defeat by eight matches to one. It is pleasing to note that P. J. Frost, after his 1952 season of athletics is returning to his best tennis form, and in P. A. Quant has a very useful partner.

Results :

P. J. Frost & P. A. Quant ..	3—0
J. A. A. Bullard & J. W. Osborn	3—0
F. A. F. Biddle & K. E. Thomas	2—1
	8—1

MOTORING CLUB

The programme for the remaining part of the summer term will consist of two events and two meetings.

The next event will be the 80 MILES SURREY RALLY to be held on Sunday, 3rd May. The start is the "Marquis of Granby" at 2 p.m. Our fifth and final event this season will be announced at a later date.

The next meeting will be held on Monday, 11th May, in the Anatomy Theatre, at 5.30 p.m. The speaker will be the designer of the Kieft and other 500cc. racing cars. This meeting will also include a showing of our film dealing with the Club's activities so far this year.

Any past members of the Hospital will be welcome at any of our meetings or events.

HOSPITAL INFORMATION

APPOINTMENTS

GUY'S HOSPITAL

The Board of Governors invite applications for the appointment of **Assistant Physician** (part time) to Guy's Hospital. The appointment is of consultant status and applicants are required to hold higher qualifications. Applications, one copy, together with the names of three referees, should be submitted to reach the Superintendent, Guy's Hospital, S.E.1, not later than **30th May, 1953.** In accordance with Statutory Instrument No. 1259 of the National Health Service Regulations, canvassing members of the Board or Advisory Appointments Committee will lead to disqualification.

EXCHANGE SCHEME FOR SENIOR REGISTRARS

Applications are invited for the following vacancies for **Senior Registrars.** The appointments are for four years, subject to annual review, and will be held jointly with Guy's Hospital and the South-East Regional Board. Preference will be given to applicants who have held an appointment in a Teaching Hospital. The holders will be required to hold the appointments in a Regional Hospital or Hospitals for a minimum of one year and not more than two years, as indicated :—

Senior Registrar in General Medicine—Guy's and Bromley & Farnborough Group. (1st and 2nd years Guy's, 3rd year Region, 4th year Guy's).

Senior Registrar in General Surgery—Guy's and South-East Kent Group (duties at Folkestone, Dover and other Hospitals in the Group). (1st year Guy's, 2nd and 3rd years Region, 4th year Guy's).

Forms of application obtainable from the Superintendent's Office and the Medical School Office and should be lodged **not later than 23rd May, 1953.**

GUY'S HOSPITAL AND MEDICAL SCHOOL

Applications are invited for the following appointments to the Junior Staff with duties commencing on 1st October, 1953. The appointments will be for one year unless stated otherwise : (W/T—whole-time. P/T—part-time.)

Medical Registrars (1 appointment will be under the Exchange Scheme for Senior Registrars—see p. 169) (W/T) 4
Junior Medical Registrars (W/T) 3
Surgical Registrars (1 appointment will be under the Exchange Scheme for Senior Registrars—see p. 169) (W/T) 4
Obstetric Registrars (W/T) 2
Ophthalmological Registrars (2 or 4 sessions p.w.) 4
Registrars in the Ear, Nose and Throat Department (W/T) 2
Registrar in the Dermatological Department (W/T) 1
Registrar in the Dermatological Department (P/T) 1
Chief Assistant in the Neurological Department (W/T) 1
Registrar in the Neurological Department (W/T) 1
Registrar in the Neuro-Surgical Unit (W/T) 1
Chief Assistant in the Department of Anæsthetics (W/T) 1
Registrar in the Department of Anæsthetics (W/T) 1
Registrars in the Department of Psychological Medicine (W/T) 2
Registrars in the Department of Psychological Medicine (P/T) 2
Registrar in the Children's Department (W/T) 1
Registrar in the G.U. Department (W/T) .. 1
Registrars in the Orthopædic Department (W/T) 2
Registrar in the Thoracic Surgical Unit (W/T) 1
Registrars in the Department of Physical Medicine (W/T) 2
Registrar in the Endocrine Department (P/T) 1
Registrars in the Department of Clinical Pathology (W/T) (1 to start on 16th June and 1 with duties at the Evelina) 4
Registrar to the Evelina Hospital (W/T) .. 1
Assistant Hæmatologist and Transfusion Officer (W/T) (2 years) 1
Assistant to the Director of York Clinic (W/T) (2 years) 1
Junior Lecturers in Anatomy (W/T) 4
Junior Lecturer in Anatomy (P/T) 1
Junior Lecturers in Physiology (W/T) .. 2
Junior Lecturer in Pharmacology (W/T) .. 1
Junior Lecturer in Morbid Anatomy and Histology and Gull Student (W/T) 1
Junior Lecturers in Morbid Anatomy and Histology (W/T) 2
Senior Lecturer in Bacteriology (W/T) .. 1
Junior Lecturers in Bacteriology (P/T) .. 2
Lecturer in Chemical Pathology (W/T) .. 1
Junior Lecturer in Chemical Pathology (W/T) 1
Anderson Demonstrator of Clinical Chemistry (P/T) 1
Assistant to the Director of the Student Health Service (P/T) 1
Assistant to the Director of the Department of Medicine (W/T) 1
Junior Assistant (Research) to the Director of the Department of Medicine (W/T) .. 1
Tutor in charge of the Preliminary Clinical Period Class (W/T) 1
Junior Assistant to the Director of the Department of Surgery (W/T) 1
Assistant to the Director of the Department of Obstetrics (P/T) 1

STUDENTS' HEALTH SERVICE

Mass Miniature X-ray

The Ministry of Health mass miniature radiographic unit will be at Guy's on 11th May, 1953, and subsequent days for the routine examination of students in the Medical and Dental Schools.

Before this date, notices will be posted in the Medical School, Dental School, Colonnade and College, giving the times of appointments. Owing to the large number of students concerned, it is regretted that the times of individual appointments cannot be changed and it is hoped that all students will make every endeavour to attend promptly at the time asked so that examination may proceed rapidly and efficiently.

Should a student find that his name does not appear on the list, he should communicate at once with the Secretary to the Students' Health Service (Telephone HOP 3500, Ext. 389).

CHANGES OF ADDRESS

F. L. Coker, L.D.S., 31 Bull Road, Vange, Basildon, Essex. Tel. : Vange 3315.

J. R. Greaves, M.B., B.S., Cramond House, Harnet Street, Sandwich, Kent. Tel. : Sandwich 3340.

J. G. Hamilton, M.D., M.R.C.P., Flat C, 31 Hall Drive, Sydenham, S.E.26. Tel. : Sydenham 5990.

E. R. Hodgson-Todd, M.B., B.S., European Hospital, P.O. Box 62, Mulfulira, N. Rhodesia.

E. C. Lewis, M.B., B.S., Heather Lodge, Station Road, Redhill, Surrey.

P. O'Gorman, M.R.C.S., L.R.C.P., Ditton Lodge, Southborough Road, Surbiton, Surrey.

BIRTHS

CHAMBERS.—On 10th April, 1953, at Lady Rodwell Maternity Home, Bulawayo, S. Rhodesia, to Eileen (née Maslen), wife of Keith S. Chambers, L.D.S.—a son (Duncan Keith).

COMPER.—On 18th April, 1953, at Farnborough Hospital, Kent, to Pamela (née Mayes), wife of John Comper, M.B., B.S.—a son.

DREWITT.—On 18th March, 1953, at Ivy Lodge, 24 Lockwood Street, Driffield, to Kathleen Rose (née Blair, S.R.N.), wife of A. H. Drewitt, M.R.C.S., L.R.C.P.—a daughter (Suzanne Elizabeth Blair).

FORBES.—On 15th April, 1953, to Pamela, wife of John Forbes, M.D., of Pen-Y-Wern, near Mold, Flintshire—a son (Giles Roderick).

GRIGORATOS.—On 17th April, 1953, at Guy's Hospital, to Demeter, wife of Peter Grigoratos, M.D.(Athens)—a son (James).

KARK.—On 11th April, 1953, at Johannesburg, S. Africa, to Lorna, wife of Cyril Kark, L.D.S., D.M.D.—a son (Jonathan).

O'GORMAN.—On 7th April, 1953, at Lambeth Hospital, to Christina (née Pound), wife of Patrick O'Gorman, M.R.C.S., L.R.C.P.—a daughter (Elizabeth Anne), a sister for Michael Patrick.

OPPÉ.—On 23rd April, 1953, at Guy's Hospital, to Margaret (née Butcher), wife of Thomas E. Oppé, M.R.C.P.—a son (Paul Charles).

MARRIAGES

BARR—ELLINGSWORTH.—On 28th March, 1953, at Caterham Congregational Church, David Alan Barr, L.D.S., to Dorothy Margaret Ellingsworth, of Caterham.

ZORAB—HARPHAM.—On 14th March, 1953, at Stanmore Church, Middlesex, John S. M. Zorab, fifth son of the late Dr. A. B. Zorab and of Mrs. O. Zorab, of Deane Cottage, Sparsholt, Winchester, and Shirley Jean, only daughter of Mr. and Mrs. T. A. S. Harpham, of Link House, Stanmore, Middlesex.

Eds. { E.E.D.T. P.S.B.

GUY'S HOSPITAL GAZETTE

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PASSIM

Quis custodiet . . . ?

A GOOD many reasons have been advanced, both in the lay and medical press, to account for the marked increase in the number of actions for damages (and successful actions for substantial damages too) brought by private persons against individual practitioners or corporate bodies in the medical profession.

Out of it all two facts emerge with increasing clarity. Firstly, the Legal Aid and Advice Act of 1949 has profoundly affected the attitude of the average man to the initiation of legal proceedings through which he may recover damages. He has always been conscious of " his rights ", though he has often been unable, because of a prudent consideration for the depth of his purse, to demonstrate effectively the extent of that nebulous inheritance. Today many who could not have risked failure in expensive litigation are accorded, free, the privilege of professional services in the courts. Secondly, the National Health Service, in a space of some five years, has evidently influenced a great number of people not, as might have been anticipated, to consider how cheaply they now receive expensive medical treatment, but rather to get something back for the money they pay out week by week to support the State insurance schemes. Those who rarely suffer ill health seem particularly liable to adopt a militant attitude of this type, and appear to be most eager to seek substantial financial redress for wrongs, real or imagined, which they consider they have suffered as a result of medical advice or treatment. The chronic sick rarely initiate proceedings.

At this point let it be made abundantly plain that the disquiet with which the medical profession and all responsible members of the public view this increase in litigation does not arise from any desire to dispute the right of an individual to hale his doctor or hospital into court. Neither does it spring from any inclination to prevent such an individual from obtaining full value for his money. It springs, rather, from a realization of the nature of such actions, of which this year there are likely to be twice as many as last, and the frequency with which damages are recovered.

These actions are almost invariably in support of a charge of negligence. Negligence. The ugly sound of the word rolls comfortably off the tongue of the plaintiff, his counsel, and that blatant part of the press to which any incidental confusion between negligence

and négligés would not appear to be entirely unacceptable. Negligence. From a medical point of view negligence has been defined as " a lack of reasonable care and skill as a result of which the health of the patient suffers ", though, as Dr. Keith Simpson has pointed out, it is important to remember that degrees of skill vary. A practitioner " may make mistakes in diagnosis with impunity provided he has displayed reasonable care and skill in making them."*

Two important issues thus arise :—

1. *Is the present series of actions, in which a patient has successfully recovered damages, an indication that there has been a catastrophic decline in standards of medical diagnosis and treatment ?*
2. *In the light of the very rapid advances in methods of investigation and of surgical and medical procedure, are the words " reasonable care and skill " being defined with too much facility ?*

On the first question we propose to say nothing here except to state the problem and admit it as a factor of great importance in any broad consideration of the whole issue raised by current litigation. Of the second it is pertinent to observe that any action for negligence stands or falls upon what the court considers to have been " reasonable care " and " reasonable skill ". Further, it is clear from a survey of the complicated investigations now conducted as a routine in medical and surgical treatment, that the advanced procedures of today become the " reasonable cares and skills " of tomorrow. One example among many will suffice. Few would suggest that a patient with a fractured wrist, whose injury had been reduced without X-ray investigation, had received " reasonable care and skill ". Yet within the lifetime of many still actively engaged in the profession an X-ray was a luxury : an E.C.G. virtually unknown : a 17–ketosteroid estimation a completely meaningless pretension. Today evidence of failure to apply these common tests might, in appropriate cases, materially support a charge of negligence.

Who, then, shall decide what is " reasonable " ? What " care " ? What " skill " ? In a court of law Her Majesty's judges are often dependent upon the evidence of an " expert witness " who is called upon to state his opinion on the medical facts. He may be cross-examined. " The experience of appearing in court ", Mr. Atkins remarks, " is often an alarming one for the doctor. He is in unfamiliar surroundings and he is by training and inclination unused to the forensic battles that sometimes take place."† But he has a dual responsibility : to the cause of Justice, and also to the other members of his profession. It is the expert witness who, in the event, defines what does or does not constitute negligence. Judgment is influenced accordingly. Damages are estimated from what the judge, weighing the evidence of his expert witnesses, considers the degree of negligence so proved. With the rapid advance of investigation and treatment what might be a venial action today may well constitute gross

**Forensic Medicine.* Keith Simpson. Page 225.
†*After-Treatment.* H. J. B. Atkins. Page 315.

negligence tomorrow. The expert medical witness decides. Many a responsible practitioner, many a newly qualified doctor, may soon feel genuine alarm at the possible consequence of an unwitting mistake. Unfamiliar as yet with a procedure which may already be to the expert as caviare to the general, he will ponder afresh the unanswerable problem of a progressive age.

At the end of the summer term Professor Stead retires from his work in the Physics Department in the Medical School. While we are most reluctant to talk of this subject until we must, it is appropriate to announce now that, to mark the occasion, the Physics Department will be "At Home" on Friday, July 3rd. At 3 p.m. that day Professor Stead will deliver a lecture at which the chair will be taken by Mr. E. G. Slesinger *and to which old Guy's men are particularly invited.* After the lecture the Department will be open to visitors who will be able to inspect modern physical apparatus used for medical purposes.

It would add greatly to the convenience of those who are organizing what promises to be a most memorable afternoon, if old Guy's men and others from outside the hospital who wish to be present would inform the Secretary to the Physics Department, at the Medical School.

We also take this opportunity of extending our warm congratulations to Dr. C. B. Allsopp on his appointment, dating from October 1st next, to the London University Chair of Physics as applied to Medicine tenable at Guy's Hospital Medical School.

He will thus continue the work which Professor Stead has carried out with such distinction during the past 30 years.

We record with much pleasure the election of Professor R. Knox, Dr. H. E. Holling, Dr. J. R. Forbes and Dr. R. M. Kark, to the Fellowship of the Royal College of Physicians.

At the beginning of this month Guy's began an association with New Cross General Hospital which will eventually add 50 beds there for Guy's patients. Broadly speaking the plan is to send the convalescent and long-stay sick to New Cross to provide more room for acute cases in Guy's. At present there are also three Guy's outpatient sessions at New Cross every week :— Medical (Dr. MacLean), Surgical (Mr. Lawrie) and Gynæcological (Mr. Blaikley and Mr. Lewis). The plan will benefit the patients by providing a change of air and scene without discontinuity of treatment, while the advantages to a teaching hospital of such an arrangement are obvious.

GUY'S DIARY

MAY		
		Exhibition. Surgical Department. *Hæmaturia.*
18th	10.00.	Professor Harold Dew (Dept. of Surgery, Sydney University, Sims Travelling Professor, 1953). Ward Round. Meet outside Surgical Exhibition Room.
	1.00.	Dr. A. M. Hutton. Clinical Lecture. *Anæsthesia in Obstetrics.*
19th	12.00.	Mr. F. S. Warner. Dental Clinical Lecture. *Some Pathological Conditions of the Tongue.*
	1.00.	Professor Harold Dew. Clinical Lecture. *The So-called "Innocent" Tumour.*
21st	1.00.	Mr. R. S. Lawrie. Clinical Lecture. *Colonic Anastomosis.*
	5.00.	X-ray Meeting. Gordon Museum.
22nd	1.00.	Dr. A. C. Hampson. Clinical Lecture.
	2.15.	Combined Round. Preclinical Classroom.
28th	1.00.	Mr. Grant Massie. Clinical Lecture. *Diverticulitis.*
	5.00.	X-ray meeting. Gordon Museum.
29th	1.00.	Sir John Conybeare. Clinical Lecture. *Diabetes Mellitus.*
	2.15.	Combined Round. Preclinical Classroom.

NORTH KENT SEVEN-A-SIDE TOURNAMENT, 1953
WINNERS : GUY'S HOSPITAL

(*Payne'Jenkins, Tunbridge Wells*)

E. O. James *J. C. Kingston* *G. P. Beresford* *W. J. Howells*
C. T. M. Wilson *C. W. Pook* *A. A. Craigen*

A further Rugby Football group appears on page 186.

THE "COLLAGEN DISEASES"

A Clinical Lecture given at Guy's Hospital

By W. N. MANN, M.D., F.R.C.P.

INTRODUCTION

LADIES AND GENTLEMEN,—By the "collagen diseases" is meant a group of disorders which are characterised by pathological changes in the supporting structures of the body, that is in fibrous tissue. The name is not entirely satisfactory, for collagen represents only one element in that tissue and cellular components are concerned as well. Indeed, in the present state of knowledge, we do not know exactly where the primary change lies; nevertheless, degeneration of the collagen fibres is often a striking histological change in many of these disorders and for brevity and convenience the term "collagen disease" is not inapt.

PATHOLOGICAL PRINCIPLES

The fundamental principles of physiology and pathology were first conceived in ancient times, but the substitution of metaphysical speculation for fundamental observation and experiment prevented, for centuries, the logical flowering of the seeds which Greek science planted. It was not until the Renaissance that further progress was possible and, subsequently, in the seventeenth and eighteenth centuries, the rebirth took place of basic ideas in the biological sciences. Since then progress has been uninterrupted and we have been presented with a wealth of observation and experiment so great that perhaps sometimes the underlying principles are lost in the plethora of facts.

Morgagni,[1] when he was seventy years of age, published his great book on pathological anatomy in 1761. On a sure basis of morbid anatomy, he taught the fundamental "concept that each disease has its primary or principal seat in one or other of the organs of the body".[2] This fruitful idea, based on painstaking observation in the post-mortem room and its correlation with clinical appearances, culminates in the great work of Rokitansky[3] and the earlier physicians of the Victorian era to which our own teachers at Guy's made a not inconsiderable contribution.[4] But the lessons of gross morbid anatomy were insufficient, and at the turn of the century, Xavier Bichat[5], by the publication of his *Anatomie Generale*, revolutionised anatomy, physiology and pathology by calling attention to the conception of tissues as opposed to organs. As Faber[6] writes of Bichat:

"Now the morbid changes in an organ were dissociated into diseases of various tissues, each of which follows an entirely different course . . . Therefore in all inflammations there occur two groups of symptoms. One group is dependent upon the nature of the inflamed tissue, the other group is the result of disturbance in junction of the organ concerned." Bichat died when he was thirty years old. Virchow later developed the conception of cellular pathology so that it became possible to recognise similar pathological changes in similar kinds of cell scattered in different organs of the body, thus giving

rise to the concept of *system diseases.* As this evolution was taking place, Claude Bernard in France, by speculation and experiment, laid the basis of pathological chemistry. He realised the importance of the chemical constitution of the body fluids and saw, in physiological processes, the never ending struggle of the body to maintain the constancy of the *milieu intérieure* against the constant assaults of a changing environment. Even here, he was only giving new emphasis and new language to a message from antiquity : "The human body contains blood, phlegm, yellow bile and black bile. These are the things that make up its constitution and cause its pains and health. Health is primarily that state in which these constituent substances are in the correct proportion to each other, both in strength and quantity, and are well mixed. Pain occurs when one of the substances presents either a deficiency or an excess, or is separated in the body and not mixed with the others." (Hippocrates : *The Nature of Man.*)[7]

Thus a full understanding of the underlying processes responsible for a disease must include, besides its ætiology, an understanding of its gross morbid anatomy, of its cellular pathology and of the associated biochemical changes. Only in the twentieth century has the state of knowledge in the basic sciences given us adequate tools for this tripartite analysis. Hence the rapid expansion of medical knowledge, and why there is so much to learn ; why new conceptions about individual diseases must replace the old ones.

THE PROBLEM

Rheumatic Fever has for long been a problem. Here is a disorder causing lesions in the heart, painful nodules in the skin, effusions into joints and disease of the brain. It must have struck some of you how odd it was that a single disease should produce manifestations so different ; chorea and arthritis, endocarditis and subcutaneous nodes, which have so little obviously in common. By an extension of Morgagni's idea of " organ disease " associated with Virchow's conception of cellular pathology, one can perhaps think of the supporting or connective tissue of the body being in itself an organ, so that certain cellular and chemical alterations within that organ, spread throughout the body, might lead to apparently varied manifestations of disease that nevertheless had unity. It was Klinge[8 9 10] as recently as 1930 who first pointed out that whether the organ involved was skin, heart, or joint, the essential pathology was a change in connective tissue. This idea was subsequently extended to other diseases in which the lesions appeared diffuse and the sites superficially unconnected, in particular to *polyarteritis nodosa* and to *lupus erythematosus disseminatus.*

It is now common ground that these, and the other conditions we group among the collagen diseases, present a profound disorder of connective tissue although there may be little at first to relate histologically the Aschoff node of rheumatic fever, for example, to the local necrosis of arteries which is the basis of the strange manifestations of polyarteritis nodosa. It will be our task to consider the structure of connective tissue, the way in which anatomical change therein can produce a number of dissimilar clinical entities, and, lastly, to discuss how these changes might be brought about.

CONNECTIVE TISSUE AND FIBRINOID NECROSIS

The supporting tissue of the body consists of the following constituents. First there is an amorphous ground substance which separates the collagen fibres. The collagen fibres are formed and thrown off by the fibroblasts which represent the living reproductive element of the tissue. In addition there is a greater or less number of elastic fibres and reticular fibres. The proportions of these fibres vary according to the function which the particular connective tissue must perform. Thus in an artery the elastic fibres may be so numerous as to produce an elastic lamina ; elsewhere in the body where elasticity is not required, these fibres may be very few.

In the " collagen diseases " alterations occur in this structure. The first change that can be seen is an increase in the amount of fluid present in the matrix and therefore there is swelling. The collagen fibres also swell and become eosinophilic ; ultimately they may undergo fragmentation leaving a mass of " fibrinoid " material, the process being commonly known as *fibrinoid necrosis.* Associated with this change is fibroblastic activity with the production of new collagen fibrils which, in their turn, may undergo fibrinoid degeneration and necrosis. As a result, the interstitial tissue loses its normal architecture and is converted into a faintly eosinophilic-staining amorphous mass. Associated with fibroblastic proliferation, and as a part of the inflammatory response to the area of necrosis, there is an infiltration with histiocytes and inflammatory cells, sometimes accompanied by eosinophils. The chemical basis of this change appears to be the infiltration of collagen with a material rich in polysaccharides, possibly a glycoprotein (Glynn and Loewi[11]).

The various clinical syndromes which are produced by this process vary according to certain quantitative differences in the reaction, as well as to the site in the body at which the changes are most marked. Thus in disseminated lupus erythematosus, the proliferative reaction is small and the destruction of collagen fibres great ; on the other hand in generalized scleroderma, the proliferative reaction is intense so that hard fibrous tissue is laid down following the destructive process. It will be seen, however, that although from one disease to another there may be great variation in the relative importance of the destructive and proliferative processes, qualitatively the changes are similar if not the same.

The connective tissue of the body is of special importance where it supports the delicate endothelial lining of blood vessels and those of the serous and synovial sacs. It therefore comes about that these diseases are specially characterised by scattered vascular lesions, arthritis, nephritis, endocarditis, pericarditis and pleurisy ; to these we must add skin rashes.

The disorders which provisionally must be placed in this group of diseases of the " collagen system " are rheumatic fever, rheumatoid arthritis, polyarteritis nodosa, scleroderma and dermato-myositis, disseminated lupus erythematosus and severe reaction following the administration of sera and certain drugs, notably the sulphonamides

(Longcope[12]). It is my intention to take examples from some of the less familar of these diseases which show perhaps more readily than the others, the curious nature of these diseases of collagen.

POLYARTERITIS NODOSA

Polyarteritis is a rare disease which it is often difficult to diagnose with certainty in life unless a lucky biopsy shows the characteristic lesion which is described by Grant (1940) as follows. It consists of a necrotising arteritis, or a hyaline or fibrinoid necrosis of the arterial wall together with a surrounding inflammatory reaction. Only short stretches of the vessel are attacked and thrombi often form within the vessel. The necrosis affects the walls of the smaller vessels and the arterioles.[13] Here we see the " collagen " type of reaction taking place in a vessel wall.

Because these vascular lesions may occur anywhere in the body and produce phenomena of infarction and hæmorrhage, the effects are widespread throughout the body. There may be subcutaneous nodules, arthritis, neuritis, inflammation of the intestinal canal and of the heart and lungs. The kidney is often involved producing sclerosis with hæmaturia and often, eventually, hypertension. For a full description of the symptoms and signs I would refer you to Dr. Grant's paper ; the characteristic of the illness is its great variability from one case to another ; one will present with neuritis and hypertension and little else, another like acute rheumatic fever. It is therefore a disease always to watch for in all cases of unexplained febrile illness with multiple signs in which the diagnosis is in doubt.

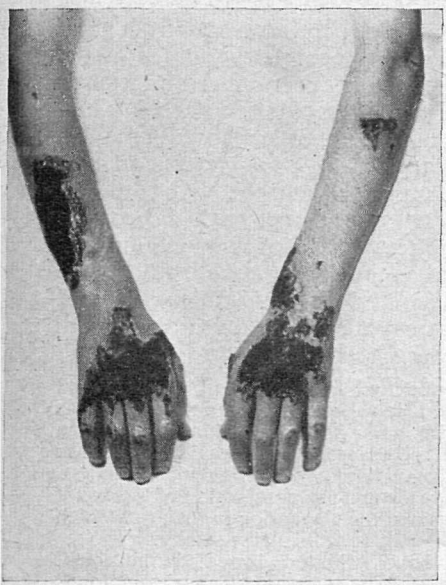
Dr. Grant points out that it is less fatal than popularly supposed ; perhaps 50 per cent. of cases die from the disease. It is possible that it is even less fatal than that, many mild cases possibly undergoing resolution without a firm diagnosis being reached.

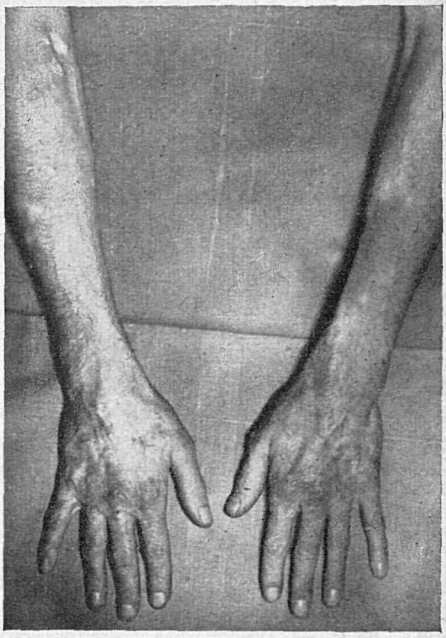
The cause of polyarteritis nodosa in a particular case often remains unknown, but it may be regarded, perhaps like the collagen diseases in general, as a " sensitization " or " allergic " reaction to some circulating substance to which the tissues have become sensitized. In this respect it is interesting that Rich (1942)[14] of the Johns Hopkins Hospital reported seven cases of polyarteritis which were associated with serum sickness.

The following patient illustrates the difficulty of arriving at a diagnosis, although otherwise his case cannot be taken as typical of the disease, except perhaps in the very respect that it was " atypical ".

CASE 1. J.A., age 17, was first admitted to this hospital in 1947. He gave a long history of ill health from about the age of seven. At that time he suffered from urticaria and the appearance of curious transient subcutaneous lumps of the chest wall. He then developed ulcerative colitis which was recurrent for the next ten years and which was associated with transient swelling of the joints.

When he was first seen at this hospital he was severely ill with ulcerative colitis and in addition he showed hæmorrhagic areas on the arms, hands and feet some of which were very extensive and resulted in large areas of skin sloughing, rather like extensive burns. (Figure 1.) He received transfusion and vitamin K, but the colitis showed little improvement and he was transferred to the surgical wards for skin grafting to the hands and possibly for ileostomy.





Polyarteritis Nodosa

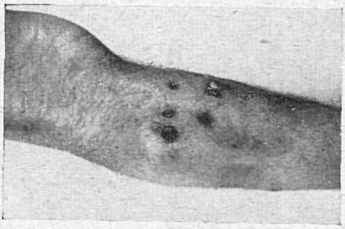
Figure 1
6*th October*, 1947

Figure 2
24*th November*, 1950

Photographic Department Guy's Hospital

While awaiting operation, a subcutaneous nodule appeared, was excised and Dr. de Navasquez reported the typical microscopical appearances of polyarteritis.

Mr. Eckhoff repaired his damaged hands by skin grafting with great success (Figure 2) and his colitis spontaneously resolved. During the next year or two he attended my Out-Patients' regularly, remained in excellent general health, but showed the appearance of curious small indolent lesions on the neck and calves.



Polyarteritis Nodosa

Figure 3
10*th September*, 1948

Figure 4
24*th November*, 1950

Photographic Department Guy's Hospital

(*Figure* 3, *Figure* 4). These came with decreasing frequency and for the last two or three years he has been in excellent health with no abnormal signs at all except for the old scars.

SCLERODERMA

Generalized scleroderma and its relation to dermato-myositis has been the special study of Dowling (1939).[15] It is frequently a fatal disease which we regard as a disorder of the connective tissue of the skin. But here, the proliferative effect is very pronounced and dense fibrous tissue is laid down so that the skin becomes thick, shiny and stiff. At first, œdema is noted and the patients often show Raynaud's phenomenon. Gradually, the œdema gives way to sclerosis so that even movements at the joints may be prevented and the change indeed may become almost universal. There is a characteristic facies, the tight skin being drawn back from the teeth. Changes in the muscles occur, so that there is myasthenia, and as the deeper structures become affected, dysphagia and perhaps diarrhœa follow. Calcinosis and osteoporosis also occur. The patient may die within a year or survive for much longer ; spontaneous recovery is known.

CASE 2. L.K., a woman age 47, was admitted for œdema of the legs and Raynaud's phenomenon. She was running a low fever and the arms and hands gave an unusual glowing warmth to the touch. Her hands were shiny and swollen and she was hardly able to flex her fingers at all. Her face, too, was shiny, and her cheeks had an ivory look about them. She complained of much muscular weakness. A diagnosis of generalized scleroderma was made and as an indication of the extent of the underlying myositis, Dr. Holling measured the circulation in the arms which was three times normal.

She was given cortisone and the hands showed increased movement within 24 hours, and there was a considerable remission of her symptoms. The change in the hands is shown in the accompanying photographs taken before starting treatment and three weeks later (*Figures* 5 *and* 6). The reduction in the œdema and the restoration of the normal contour and the skin creases is apparent. Unfortunately, cortisone is not always so successful in producing amelioration in these cases.

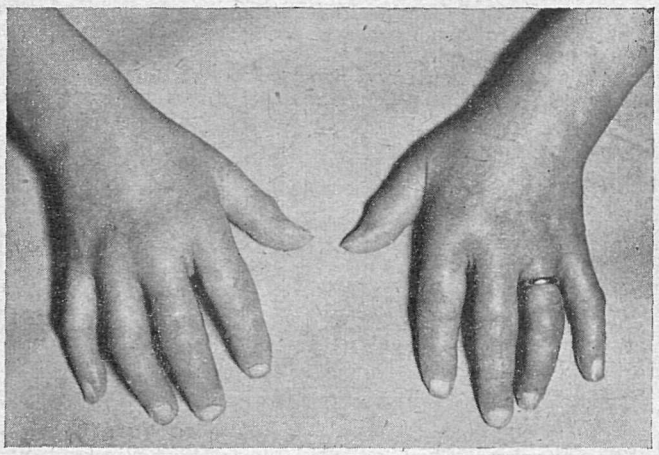


Figure 5. *Scleroderma*
5th March, 1951
Photographic Department Guy's Hospital

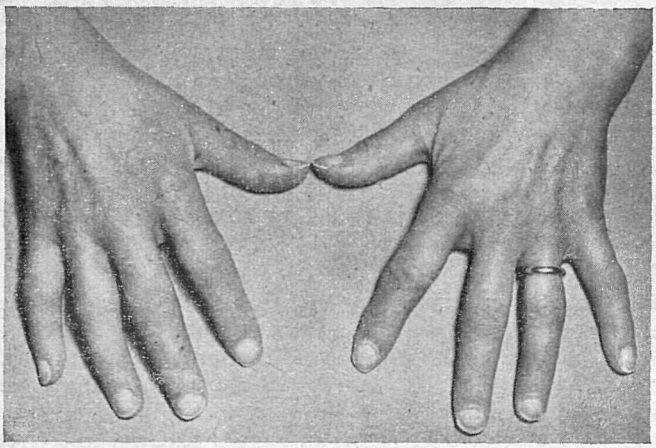


Figure 6. *Scleroderma*
29*th March*, 1951
Photographic Department Guy's Hospital

LUPUS ERYTHEMATOSUS

Disseminated lupus erythematosus is not a very common disease, but there has been great interest in it lately because it illustrates so well this series of disorders. Osler in 1895[16] called attention to the fact that some patients showing the classical dermatological signs of lupus erythematosus might also show gastro-intestinal crises, nephritis, hæmorrhage from the bowels and elsewhere, bronchitis or murmurs in the heart. He went on further and pointed out that in such cases the typical rash might be absent and the patient " to the outward view . . . may have no indications whatever of erythema exudativum ". He saw, therefore, that in disseminated lupus, we are dealing with a general disease. No further advances were made until Libman and Sacks (1924)[17] described a special kind of verrucous endocarditis in a patient who showed the dermatological lesion of lupus erythematosus together with polyarthritis, dermatomyositis, purpura and renal disorder. The specific microscopical lesion of the kidney consists of changes in the glomerular capillaries (Klemperer, 1941).[18] The discovery of the " L.E. cell " by Hargraves (1948)[19 20 21] provided a way of coming to a specific diagnosis. The " L.E. Cell " is a polymorph which *in vitro* shows a peculiar inclusion body and which is found in bone marrow smears of patients suffering from the disease. It was later shown that the same phenomenon could be produced in polymorphs from healthy people by adding plasma from patients with lupus erythematosus disseminatus and that the agent producing this effect was in the γ-globulins.[22]

CONCLUSIONS

I have said nothing about what is the most common disease in this series, rheumatic fever, but its morphology is well known to you.

It is interesting to speculate on these diseases and whether they are truly related. In each we see a profound disorder of connective tissue. In lupus erythematosus, destruction occurs without much evidence of repair. In scleroderma, degenerative changes are followed by the proliferation of strong fibrous tissue : the element of repair is paramount. In rheumatic fever, the necrosis is minimal, the cellular reaction paramount. In polyarteritis nodosa, we see both necrosis and intense cellular proliferation. The changes are all different in degree, different quantitatively, but perhaps there is a qualitative identity present in them all.

Have they a common or similar ætiology ? The relationship of rheumatic fever to recurrent streptococcal infection is well known. Polyarteritis nodosa has been produced by immunising sera and tober allergens. The " L.E. Cell " depends on a change in the γ-globulins which we know are concerned in the reactions of immunity. Are all the diseases dependent, then, upon an altered reaction to a circulating antibody ; is the reaction an allergic one ?

The answers to these questions remain for the future. Perhaps we are back where we started from ; back to the principles laid down by Morgagni ; perhaps we have only succeeded in inventing a new " organ "—the Collagen System. Indeed, these diseases may have nothing in common besides their anatomical identity and have no more than the local relationship of one disease of the lungs to another disease of the lungs in which the site is the same, the cause quite different.

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CORRESPONDENCE

Letters to the Editor of the Gazette

Forensic Dentistry : Front Lodge to the " Ship and Shovel "

SIR,—Who of our generation has not heard of the time-honoured classic which Mr. Kenshole quotes concerning the late " Joey " and " George " ?

Are we to understand, however, that our worthy Superintendent—a man of no mean athletic prowess and furthermore at the peak of physical fitness (?1920) can only be credited with the astonishingly poor time of seven minutes from the Front Lodge to the *Ship and Shovel* ? !—running like mad !

I venture to suggest that many stout hearts of unstable gait have probably made better time over the distance " on all fours ".

Perhaps it is a misprint—or is it a misquote ?

Yours, etc.,

St. Piran, 30, Station Road,
Orpington, Kent.

W. HUGHES.

Guy's Hospital Nurses' League

SIR,—May I, through your paper, convey the thanks of the past members of the Nurses' League to Mrs. Bulleid for the work she has done in connection with the presentation to Matron on her retirement ? Mrs. Bulleid took endless trouble in achieving the gratifying result and we would like to convey our warmest thanks to her for acting on our behalf.

Yours, etc.,

5, Bracknell Gardens,
N.W.3.

KATHLEEN A. SHACKLE,
Hon. Treas., G.H.N.L.

Presentation to Matt Wells

SIR,—I was privileged to attend a dinner given by Mr. McNair, President of Guy's Hospital Boxing Club, at the Anchor Tavern, on 4th May.

At this function I was presented with a sum of money, together with an album containing the names of the contributors, and I would like to express my heartfelt thanks to all those kind friends at Guy's who so generously contributed to this testimonial.

It has been a great pleasure to me to have had the opportunity of helping Guy's boxers to the championship successes, and I wish the Club every success in the future.

As long as I live I shall always follow their performances. I treasure the many friendships I have made, which have brought a lot of happiness to me.

My wife, who has been a great help to me, also wishes to join with me in thanking all of you for your kind appreciation.

Yours, etc.,

91, Torridon Road,
Catford, S.E.6.

MATT WELLS.

Music Club Concert

SIR,—May I use your columns to give details of a concert to be given by the Guy's Hospital Music Club on Tuesday, 19th May, at 7.30 p.m., in the Physiology Theatre. The works to be performed are :—

Coronation Anthem (from Zadok the Priest)	Handel
Piano Quartet No. 1, *in G Minor*	Mozart
Requiem	Brahms

The Music Club extends a cordial invitation to all members and friends of the Hospital. There is no charge for admission but a collection will be taken during the interval to defray expenses. All seats may be reserved on application to the Secretary. The gallery is unreserved.

Yours, etc.,

BERNARD H. J. PRITCHARD,
Hon. Secretary.

REVIEWS

Cardioscopy. By WILLIAM EVANS, M.D., D.Sc., F.R.C.P. Butterworth. *Price* 40*s*.

To glance quickly at this book noting the excellence of the paper, binding, format and reproduction of the illustrations, for which the publishers deserve the highest praise, and to read the author's preface stating the scope and object of the work one gets the impression that it is both attractive and useful. Unfortunately closer examination leads to some disappointment.

The author suggests that his scope is the radiological examination of the heart and greater blood vessels by all techniques and his object is a book for the use of cardiologists and radiologists, possibly also helpful to students. In a two-page introduction " cardioscopy " is used in two senses, the first to cover all radiological methods of examining the heart, the second as a synonym for radioscopy or " screening ". The rest of the book is devoted to it in the latter restricted sense only, except in so far as the illustrations also cover teleradiographic appearances. Orthodiagraphy, kymography, tomography and angiocardiography are all dismissed in the introduction. Even with this more restricted scope there is a possibility of producing a valuable addition to the literature, but it is doubtful to what extent a cardiologist or radiologist is likely to find this book, in its present form, useful and the student is in danger of being misled in places.

Insufficient stress is laid upon the dynamic character of radioscopy as opposed to the static views obtained by radiography ; mentions of pulsation or cardiac movements are few and cursory—neither appear in the index. In the section on congenital heart disease there is no mention of some conditions, for example, *tricuspid atresia*, which has a characteristic radiological appearance, for the reason, according to the author, that they are too rare to justify inclusion, whilst elsewhere rarer conditions, often without typical appearance, are included, e.g., *Marfan's syndrome, familial cardiomegaly* and the heart in *Friedreich's ataxia*. Common congenital conditions like *patent ductus arteriosus* are dismissed with sections no longer than those devoted to the rarities just listed. No mention is made of the recent, important recognition that ventricular septal defects can be large and give rise to radiographic appearances similar to those associated with defects of the atrial septum.

In places the text lacks clarity or accuracy (e.g., page 98, " . . . but when the raised blood pressure is an expression of true hypertension . . . " : no indication is given of the author's definition of either of these terms) and there are many examples of unorthodox nomenclature, such as " Fallot syndrome ", " thyroid toxæmia ", " Friedreich disease " and, of course, " cardioscopy ". No references are included ; this, in a book intended for specialists, is presumably justified by the idea that the book shall be an expression of the author's personal experience, which it clearly is—it gains a great deal from the individual character so imparted.

This is a first edition ; some revision with the aid of reference to the literature should make the second edition worthwhile, for the author has a wealth of first-class pictorial material.

D.C.D.

Radiations and Living Cells. By F. G. SPEAR. Chapman and Hall. *Price* 18*s*.

For several years the reviewer has attempted, at the end of the course in Physics for 1st M.B., to describe in one lecture some of the facts concerning interaction of ionising radiations with living matter, in the belief that much of the value of a knowledge of such radiations to a medical student is lost unless he is able to envisage that knowledge against a biological background. The response to these lectures has been most encouraging and has inevitably led to a request from many of the audience for more. Unfortunately it has not hitherto been possible to indicate in any simple way where information could be found ; but now Dr. Spear provides the answer. His book is dedicated to Hospital Physicists wishing to acquire biological knowledge, but is partly based on lectures to Medical Radiology Students to link up with their physical studies. It therefore bridges the gap between physics and biology admirably.

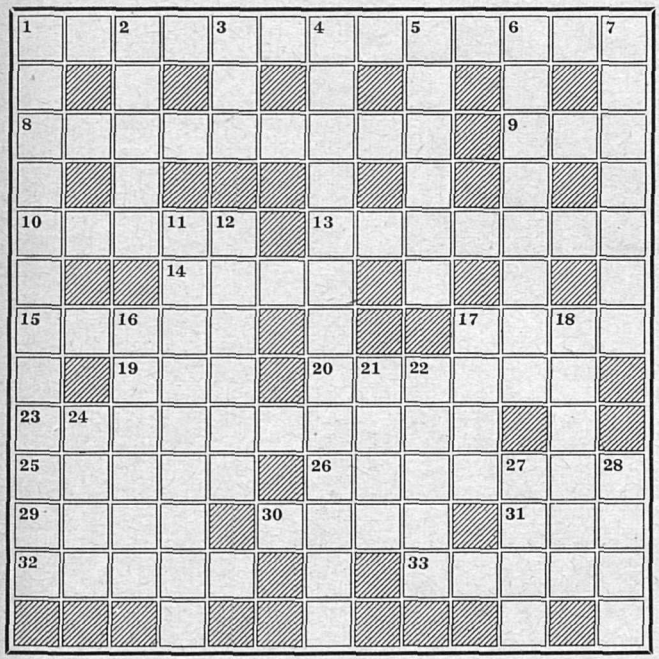
Each section of it contains sufficient elementary biology of normal tissues to allow the changes brought about by exposure to radiations to be fully appreciated. Starting from the simple cell, it describes the various types of biological response to radiation, leads up to the specific effects on skin, alimentary canal, blood and

generative systems, and then describes the effects of whole-body irradiation and the relation of radiation to cancer. The illustrations are excellent, and the language so simple as to make a very difficult subject appear very easy. Students who have just finished their first-year studies could read this book with interest and profit ; re-read during the later clinical period many things would be seen in a new and equally profitable light. The book is strongly recommended to all who seek an authoritative account of the work which has been done in this borderline field of physics and biology, or who think they ought, in view of modern developments in atomic energy, to know more about what might be the results of its indiscriminate use. C.B.A.

A Handbook of Radiotherapy for Senior and Postgraduate Students. By WALTER M. LEVITT. Harvey & Blythe Ltd. *Price* 30*s*.

This compact, well illustrated and authoritative book should prove extremely useful to students, postgraduates and all those who feel they would like to know a little about modern Radiotherapy. The whole field of Radiation therapy is covered, including X-ray, radium and radio-isotope work. The technical side is dealt with in an interesting and understandable manner and much useful information is provided on the effects of radiation on tissues and cells. The chapter on the management of the patient undergoing radiotherapy should prove of value to house surgeons and general practitioners. A.B.W.

CROSSWORD



ACROSS

1. Characterised by a dissociated sensory loss. (13)
8. & 6 Down. Muscle innervated by ant. rami of L. 1, 2 & 3. (9, 8)
9. Just the right word. (3)
10. Tetrabromo-fluorescein. (5)
13. A sugar would be identified thus. (7)
14. Cripple. (4)
15. Entice. (5)
17. These are bought by them for the Coronation ! (4)
19. Irate Irish gentlemen. (3)
20. Blubber-sucker. (6)
23. See 3 Down.
25. Frequently sustains burns ! (5)
26. Presumably much less anæmia in those days. (4-3)
29. Work units. (4)
30. Giving rise to post-ganglionic parasympathetic parotid fibres. (4)
31. *They look after the* river hereabouts. (3)
32. Often of ætiological importance in an accident. (5)
33. See 22 Down.

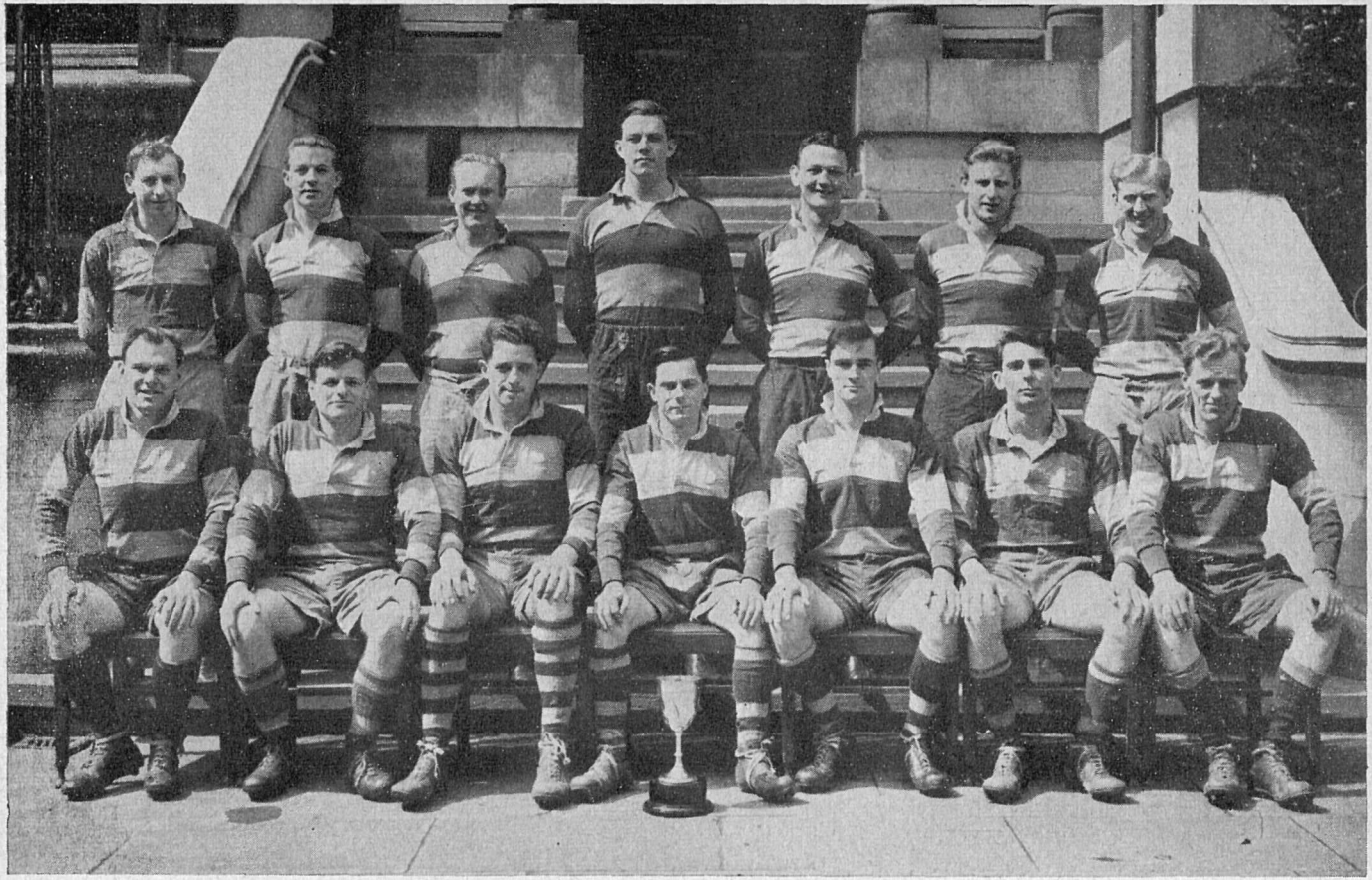
DOWN

1. Patient suffering from 4 Down often does this. (12)
2. They're often between two paths. (5)
3. & 23 Across. Potent vasoconstrictor. (3-10)
4. Disease in which you'd find Brodie's Abscess. (13)
5. A Russian psychiatrist might find him interesting ! (6)
6. See 8 Across.
7. A friend of the Bishop's ! (7)
11. Makes a mark on Stent. (9)
12. Floating. (6)
16. Visual hallucination. (6)
17. Bearing. (4)
18. What a patient with thyrotoxicosis might do. (6)
21. In the eye reversed. (4)
22. & 33 Across. Many a case of this is hidden by a long skirt ! (5-5)
24. Dutch village. (4)
27. Copies. (4)
28. Alleviate. (4)

J.M.C.

(*The solution will be published in our next issue*)

GUY'S HOSPITAL "A" XV. WINNERS OF THE JUNIOR INTER-HOSPITALS' CUP



Names are printed opposite.

(Payne Jenkins, Tunbridge Wells)

SPORT

"A" XV

WINNERS OF JUNIOR INTER-HOSPITALS' CUP

(Back row) E. D. Keen M. Lindsey G. P. Beresford S. A. R. Cooke J. S. Van den Berg P. Burgess F. H. Trist (Front row) W. M. Boyle D. C. Lee R. C. Morgan K. P. Walker (Captain) E. O. James J. D. Carroll W. S. Lund

CRICKET

At Wallington. Result : Won by 3 wickets
Wallington 125. Guy's 126–7.
27th April, 1953

Guy's

N. Cooke, b. Borritt	30
W. Knapman, b. Rose	9
D. Lipington, b. Parkes	26
M. Williams, l.b.w., b. Rose	0
R. Gibbons, ct. Reedy, b. Rose	27
D. Atkinson, ct. Dukes, b. Rose	7
W. Howells, ct. Dukes, b. Rose	1
D. Tunnadine, not out	14
M. Mackenzie, *not out*	12
M. Willis, did not bat	
F. Trist " " "	
Extras	2
Total for 7 wickets	126
Wallington	125

Bowling : Atkinson, 4 for 11 ; Trist, 3 for 41 ; Tunnadine, 2 for 15 ; Knapman, 1 for 12.

Guy's *v.* **Old Westminster Citizens**
At H.O.P. Result : Won by 40 runs
3rd May, 1953

Guy's

N. Cooke, b. Quinton	4
W. Knapman, b. Walker	31
R. Elsdon-Dew, b. Walker	0
M. Williams, l.b.w., b. Buckley	21
M. Mackenzie, b. Quinton	16
R. Gibbons, b. Quinton	7
K. Gray, b. Walker	1
H. Bissoon-Dath, b. Quinton	1
S. Lam, b. Walker	0
M. Willis, b. Quinton	0
F. Trist, not out	0
Extras	9
Total	90
Old Westminster Citizens	50

Bowling : Mackenzie, 5 for 16 ; Trist, 3 for 18 ; Cooke, 1 for 10.

Guy's *v.* **Wanderers**
At H.O.P. Result : Won by 142 runs
6th May, 1953

Guy's

N. Cooke, l.b.w., b. Gadsby	83
W. Knapman, b. Marsh	0
D. Lippington, run out	31
M. Williams, l.b.w., b. Marsh	7
R. Elsdon-Dew, b. Green	20
M. Willis, *run out*	18
W. Howells, c. Hawks, b. Gadsby	18
H. Bissoon-Dath, not out	27
F. Trist, run out	7
T. Smith, b. Marsh	0
N. Labuschagne, b. Marsh	1
Extras	9
Total	221
Wanderers	75

Bowling : Labuschagne, 4 for 38 ; Smith, 1 for 10 ; Willis, 5 for 13.

LAWN TENNIS

Guy's *v.* **Goldsmiths' College**

On April 26th the Hospital team met Goldsmiths' College in the first round of the University of London Cup. The opposition unfortunately was weak and Guy's won the match without dropping a set.

Results :

P. J. Frost & P. A. Quant	3—0
J. A. A. Bullard & J. W. Osborn	3—0
F. A. F. Biddle & K. E. Thomas	3—0
	9—0

9th May, 1953

Guy's *v.* **Chiswick**

Won 8—nil

NURSES' LAWN TENNIS

Nursing Times **Challenge Cup**

Guy's beat *Harold Wood*

"A" Team :

Nurse Hybart, Sister Palmer.
Won 6–3, 6–1, 6–1.

"B" Team :

Nurse S. Oates, Nurse Putt.
Won 6–2, 6–2.

GOLF CLUB

The Golf Club is glad to announce that Mr. N. L. Eckhoff has kindly consented to become President of the Club in succession to Dr. Knott who recently retired from this post. The Club would like to take this opportunity of expressing its sincere thanks to Dr. Knott for the many years of his association with hospital golf.

In the first two matches of this season Guy's scored well in away fixtures against Westminster Hospital and St. Bartholomew's Hospital.

Results :

Guy's v. Westminster

At Wimbledon Park G.C.
29th April, 1953

Guy's Result		Westminster Result
1 6/4	D. K. Croll (Capt.) Dr. J. Crook	— 0
1 2/1	D. M. Holmes Dr. Hywell Davies	— 0
0 —	D. A. Rees P. Davies	2/1 1
1 7/6	R. W. Elsdon-Dew M. Swan	— 0
1 3/1	L. Brunt J. J. Lewis	— 0

Result : Won. *Guy's* 4 ; *Westminster* 1.

HOSPITAL INFORMATION

APPOINTMENTS

GUY'S HOSPITAL

The Board of Governors invite applications for the appointment of **Assistant Physician** (part time) to Guy's Hospital. The appointment is of consultant status and applicants are required to hold higher qualifications. Applications, one copy, together with the names of three referees, should be submitted to reach the Superintendent, Guy's Hospital, S.E.1, not later than **30th May, 1953.** In accordance with Statutory Instrument No. 1259 of the National Health Service Regulations, canvassing members of the Board or Advisory Appointments Committee will lead to disqualification.

EXCHANGE SCHEME FOR SENIOR REGISTRARS

Applications are invited for the following vacancies for **Senior Registrars.** The appointments are for four years, subject to annual review, and will be held jointly with Guy's Hospital and the South-East Regional Board. Preference will be given to applicants who have held an appointment in a Teaching Hospital. The holders will be required to hold the appointments in a Regional Hospital or Hospitals for a minimum of one year and not more than two years, as indicated :—

Senior Registrar in General Medicine—Guy's and Bromley & Farnborough Group. (1st and 2nd years Guy's, 3rd year Region, 4th year Guy's).

Senior Registrar in General Surgery—Guy's and South-East Kent Group (duties at Folkestone, Dover and other Hospitals in the Group). (1st year Guy's, 2nd and 3rd years Region, 4th year Guy's).

Forms of application obtainable from the Superintendent's Office and the Medical School Office and should be lodged **not later than 23rd May, 1953.**

GUY'S HOSPITAL AND MEDICAL SCHOOL

Applications are invited for the following appointments to the Junior Staff with duties commencing on 1st October, 1953. The appointments will be for one year unless stated otherwise : (W/T—whole-time. P/T—part-time.)

Medical Registrars (1 appointment will be under the Exchange Scheme for Senior Registrars—see above) (W/T)	4
Junior Medical Registrars (W/T)	3
Surgical Registrars (1 appointment will be under the Exchange Scheme for Senior Registrars—see above) (W/T)	4
Obstetric Registrars (W/T)	2
Ophthalmological Registrars (2 or 4 sessions p.w.)	4
Registrars in the Ear, Nose and Throat Department (W/T)	2
Registrar in the Dermatological Department (W/T)	1
Registrar in the Dermatological Department (P/T)	1
Chief Assistant in the Neurological Department (W/T)	1
Registrar in the Neurological Department (W/T)	1
Registrar in the Neuro-Surgical Unit (W/T)	1
Chief Assistant in the Department of Anæsthetics (W/T)	1
Registrar in the Department of Anæsthetics (W/T)	1
Registrars in the Department of Psychological Medicine (W/T)	2
Registrars in the Department of Psychological Medicine (P/T)	2
Registrar in the Children's Department (W/T)	1
Registrar in the G.U. Department (W/T)	1
Registrars in the Orthopædic Department (W/T)	2
Registrar in the Thoracic Surgical Unit (W/T)	1
Registrars in the Department of Physical Medicine (W/T)	2
Registrar in the Endocrine Department (P/T)	1
Registrars in the Department of Clinical Pathology (W/T) (1 to start on 16th June and 1 with duties at the Evelina)	4
Registrar to the Evelina Hospital (W/T)	1
Assistant Hæmatologist and Transfusion Officer (W/T) (2 years)	1
Assistant to the Director of York Clinic (W/T) (2 years)	1
Junior Lecturers in Anatomy (W/T)	4
Junior Lecturer in Anatomy (P/T)	1
Junior Lecturers in Physiology (W/T)	2
Junior Lecturer in Pharmacology (W/T)	1
Junior Lecturer in Morbid Anatomy and Histology and Gull Student (W/T)	1
Junior Lecturers in Morbid Anatomy and Histology (W/T)	2
Senior Lecturer in Bacteriology (W/T)	1
Junior Lecturers in Bacteriology (W/T)	2
Lecturer in Chemical Pathology (W/T)	1
Junior Lecturer in Chemical Pathology (W/T)	1
Anderson Demonstrator of Clinical Chemistry (P/T)	1
Assistant to the Director of the Student Health Service (P/T)	1
Assistant to the Director of the Department of Medicine (W/T)	1
Junior Assistant (Research) to the Director of the Department of Medicine (W/T)	1
Tutor in charge of the Preliminary Clinical Period Class (W/T)	1
Junior Assistant to the Director of the Department of Surgery (W/T)	1
Assistant to the Director of the Department of Obstetrics (P/T)	1

UNIVERSITY OF LONDON

APPOINTMENT

C. B. Allsopp, D.Sc., Reader in Physics at Guy's Hospital Medical School has been appointed to the Chair of Physics applied to Medicine at that School.

ROYAL COLLEGE OF PHYSICIANS OF LONDON

FELLOWSHIP

At a quarterly comitia of the College the following were elected Fellows of the College :—
R. Knox, H. E. Holling, J. R. Forbes, R. M. Kark.

PASS LIST

ROYAL COLLEGE OF PHYSICIANS OF LONDON

M.R.C.P.
April, 1953

D. P. Winstanley — A. R. H. Worssam

ROYAL COLLEGE OF SURGEONS OF ENGLAND

D.C.H.

E. J. Masters — A. J. Salmon

D.T.M. & H.
Saville Paul

D.M.R.T.
R. Finney

ROYAL COLLEGE OF OBSTETRICIANS AND GYNÆCOLOGISTS

Diploma

J. F. Boyle
M. C. Gill-Carey
A. S. Harris
R. G. Nicholson
W. M. E. Tweed

UNIVERSITY OF LONDON

Academic Postgraduate Certificate in Public Health

April, 1953

Jack Carlton

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April, 1953

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SOCIETY OF APOTHECARIES OF LONDON

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Medicine

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UNIVERSITY OF LONDON

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ROYAL COLLEGE OF SURGEONS OF ENGLAND

L.D.S.

2nd Examination

April, 1953

G. H. G. Bradley
M. J. O'Brien
J. W. Riley
M. J. N. Segerdal
N. P. Thomas

GUY'S HOSPITAL REPORTS

1953. Vol. 102. No. 2

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CHANGES OF ADDRESS

Guy Blackburn, M.Chir., 107, Harley Street, W.1. Tel. Welbeck 2255.

Henry Blazeby, M.R.C.S., L.R.C.P., D.A., Pellicane, 22, High Street, Sandwich, Kent. Tel. : Sandwich 2278.

H. G. Carr, L.D.S., Devonshire House, 89, Regent Street, Cambridge. Tel. : Cambridge 3884.

Christopher Hardwick, M.D., F.R.C.P., 107, Harley Street, London, W.1. Tel. : Welbeck 2255.

V. J. Marmery, M.B., B.Chir., "Red Cottage", 12, Magpie Hall Lane, Bickley, Bromley, Kent. Tel. : Imperial 2100.

BIRTHS

BREWIN.—On 10th May, 1953, at Guy's Hospital, to Doreen (née Richardson), wife of T. B. Brewin, M.R.C.P.—a brother for David and Elizabeth (Simon Berkeley).

CARR.—On 9th May, 1953, at Stonefield Maternity Home, Cambridge, to Ann (née Beal), wife of Hugh G. Carr, L.D.S., R.C.S. Eng.—a daughter (Jane Gwyneth).

GILL.—On 27th April, 1953, at Godalming, to Aileen, wife of W. G. Gill, M.A., M.Chir., F.R.C.S.—a daughter.

HERST.—On 8th May, 1953, at Guy's Hospital, to Pamela (née Green, M.B., B.S.), wife of Edward R. Herst, M.B., B.S.—a son (Ian Malcolm).

SARTORY.—On 5th May, 1953, to Pamela, wife of F. B. Sartory, M.R.C.S., L.D.S.—twin daughters (Ghislaine and Rosemary) sisters for Geoffrey.

SHEERAN.—On 29th April, 1953, to Anne (née Mulligan, S.R.N.), wife of W. M. Sheeran, L.D.S.—a son (William), a brother for James.

WHITBY.—On 4th May, 1953, at Guy's Hospital, to Dorothy (née Keane), wife of Geoffrey Whitby, Chief Officer, M.N.—a daughter (Elizabeth Bernardine).

WORSSAM.—On 12th March, 1953, at Guy's Hospital, to June, wife of A. R. H. Worssam, M.B., B.Ch.—a son.

ZORAB.—On 15th April, 1953, at Winchester (County Hospital), to Jane (née Clay), wife of Phillip Zorab, M.R.C.S., L.R.C.P.—a son.

MARRIAGES

BASS—HARTLEY.—On 27th April, 1953, Barnett Hilary Bass, M.D., to Patricia Eve Hartley, L.R.C.P., L.R.C.S., D.Obst.R.C.O.G.

ERNSTING—WOOLFORD.—On 4th April, 1953, at St. Stephen's Church, Cinderford, John Ernsting, B.Sc., M.B., B.S., to Patricia Mary Woolford, S.R.N.

HIRSCH—MARTIN.—On 9th May, 1953, at St. Martin-in-the-Fields, Paul Hirsch, elder son of Dr. A. Hirsch of Surbiton, Surrey, and Audrey Jean, only daughter of Mrs. M. E. Martin of Bexleyheath, Kent.

MIDDLE—MILLARD-BARNES.—On 9th May, 1953, at All Souls, Langham Place, W.1, Geoffrey Bryan, elder son of Mr. and Mrs. G. F. Middle of Worcestershire, and Elizabeth Shirley, only daughter of Mr. and Mrs. S. Millard-Barnes of 17, Welbeck Street, W.1.

WILSON—ROBSON.—On 16th April, 1953, at St. James' Church, Birch-in-Rusholme, John Hamilton Wilson, B.M., B.Ch., of Edgeley, Stockport, to Betty Robson of Fallowfield, Manchester.

EDS. { E.E.D.T. P.S.B.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXVII. No. 1692 30th May 1953 One Shilling

Guy's men and women all over the world rejoice with us today on the occasion of the Coronation of our Patron, Her Majesty Queen Elizabeth.

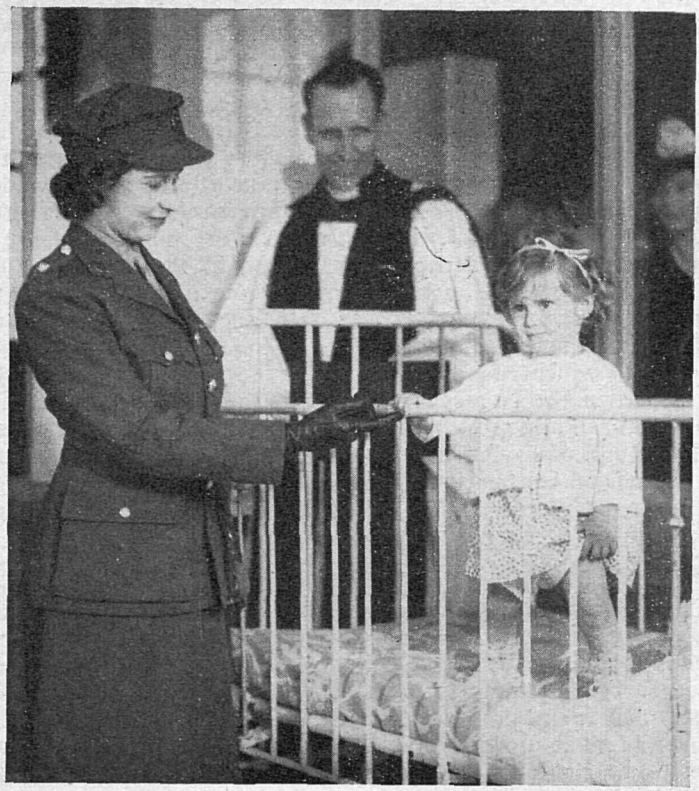
She and her whole family are ever in our thoughts, are remembered in our prayers, and are a constant source of pride and joy to all that varied community, centred at Guy's Hospital, of which she is the head.

Together with countless others of her loyal and devoted subjects we re-echo anew

GOD SAVE THE QUEEN.

HER MAJESTY QUEEN ELIZABETH II

Patron of Guy's Hospital



The Queen visited Guy's on May 19th, 1945, when, as Princess Elizabeth, she presented a cot to Diplock Ward on behalf of the Girl Guides of South Australia.

PASSIM

MANY patients and others who must remain in the Hospital on Coronation day will be able to see the event by television. Four large sets which project their image upon a screen are being installed. One will be in Guy's House in the room normally used for exhibitions, where walking cases from the surgical wards will be able to " look in " ; another will be placed in the Hæmatology department lecture room in Hunt's House and will thus be available to medical cases ; a third will be in the E.N.T. Department, while a fourth, provided by the Guild of Ex-Patients, has been installed in the York Clinic.

The whole Hospital is decorated with flowers and bunting, and

a most effective floodlighting scheme picks out at night the parts of Guy's House which face towards the forecourt. The temporary accommodation in which *Sarah Swift* ward is housed has been colour-washed outside in pale cream : the balconies of many surgical wards have been redistempered and the dull pillars painted green. The fine front entrance to the Hospital is being decorated with coloured lights. Never has Guy's looked so gay and bright ! The whole result is a remarkable tribute to clever planning and effective workmanship.

To commemorate the occasion the Governors are giving either a Coronation crown piece or an ashtray to every member of the staff on the pay roll of the Hospital at the end of the month. Further items arranged in this festive season include a special tea for the children at which presents, provided by the Guild of Ex-Patients, will be distributed, and Coronation tea parties in every ward on June 3rd to which each patient may invite two guests. There are to be dances in the Nurses' Home, while the Hospital Garden Party, on June 10th, should prove a fitting climax to many days of celebration.

The Guild of Ex-Patients and Friends has made arrangements to show the official Coronation Film to patients in the Surgical, Medical, and Children's Wards, and also to the School of Nursing and to the Domestic Staff between June 25th–27th.

During the past few weeks we have welcomed two distinguished visitors from abroad. Dr. Alan Woods, ophthalmologist in chief to Johns Hopkins Hospital, Baltimore, enthralled large audiences by his course of illustrated lectures covering certain aspects of ocular disease. His varied programme at Guy's included a Combined Round to which he made a memorable contribution. He generously allowed copies to be made of his lecture notes, and these will shortly be available in the Medical School.

Professor Harold Dew, the Sims travelling professor for 1953, who comes from the Department of Surgery at Sydney University, delivered a clinical lecture and conducted a ward round, the vigorous character of which was widely appreciated by those who were privileged to attend it.

Miss Jean Addison who succeeds Miss Dorothy M. Smith as Matron of Guy's in September is at present making an extensive tour of hospitals in the United States and Canada. After gaining experience of methods in the new world, she will visit many hospitals in Europe before she starts her new work at Guy's in the autumn.

The Governing Body, who have organized the details of this tour for her, have also made arrangements for Mr. W. R. Kingston, who is in charge of all the catering arrangements at Guy's, to visit Canada and the United States. He leaves this week, and will gain valuable experience of catering methods there during his six weeks' visit.

We regret to announce the death of Lord Ebbisham. As Sir Rowland Blades he was Lord Mayor of London from 1926–27, and was a governor of Guy's Hospital since 1921.

Some months ago, new and expensive rubber flooring was laid in Hunt's House. This has been prematurely aged by an unfortunate habit of students and visitors who, by using the surface as a cigarette stubber, have made of this flooring a pock-marked shadow of its recent brilliance. The authorities have lately provided several ashtrays and we hope that this thoughtless despoilment will now cease.

GUY'S DIARY

MAY		
30th	2.30.	Guy's Sports. Honor Oak Park.
JUNE		Exhibition. Surgical Department. *The Maintenance of Nutrition.*
2nd		CORONATION OF HER MAJESTY QUEEN ELIZABETH II.
4th	1.00.	Professor R. M. Kark, Professor of Medicine, University of Illinois College of Medicine. Clinical Lecture. *Scurvy, Stress and Surgery.*
	5.00.	X-ray Meeting. Gordon Museum.
5th	12.00.	Mr. K. E. Pringle. Dental Clinical Lecture. *The Diagnosis of Orthodontic Cases.*
	2.15.	Clinico-Pathological Meeting. Gordon Museum.
8th	1.00.	Mr. H. J. B. Atkins. Clinical Lecture. *The Work at the Breast Clinic.*
	5.00.	Film. Surgical Department. *Radical Mastectomy.*
9th	1.00.	Dr. Donald Hunter, (Director of the Department of Industrial Research, London Hospital). Clinical Lecture. *The Prevention of Occupational Disease.*
10th	3.00.	Hospital Coronation Garden Party.
11th	5.00.	Mr. Murray Falconer. Neurosurgical Demonstration.
	5.00.	X-ray Meeting. Gordon Museum.
12th	2.15.	Combined Round. Preclinical Classroom.
13th	10.00.	Miss G. M. Barry (Royal Free Hospital). Departmental Round. Clinical Theatre.

25 Years Ago

From Guy's Hospital Gazette, 2nd June, 1928.

We extend a hearty welcome to Dr. Douthwaite on his appointment as Assistant Physician. For private reasons we have been unable to publish the news of his appointment earlier, though it has been common property here for some time. On Friday, May 25th, he gave his first Clinical Lecture, and chose for his subject " Intra-thoracic Tumours ". We understand that Dr. Douthwaite will not be taking up his full duties here just yet. When he does so the physicians will be grouped as follows : Dr. French and Dr. Marshall ; Dr. Hurst and Dr. Ryle ; Dr. Poulton, Dr. Campbell and Dr. Douthwaite ; Dr. Mutch and Dr. Conybeare.

50 Years Ago

From Guy's Hospital Gazette, 23rd May, 1903.

Arrangements in the theatrical world are proverbially uncertain, and dates of production never settled till quite late, so that we take this opportunity of calling attention to the fact that the production of " Flodden Field " and a One Act Comedy by Mr. Beerbohm Tree, at His Majesty's, on behalf of Luke Ward, Guy's Hospital, will positively take place on MONDAY, JUNE 8TH, a date we hope all our readers will bea in mind as the notice is short and the chance, one not to be missed.

THE HOUND OF THE BASKERVILLES— Dartmoor or Herefordshire ?

By MAURICE CAMPBELL, O.B.E., D.M., F.R.C.P.

A paper read to the Sherlock Holmes Society of London at their Blue Carbuncle Dinner, on 6th January, 1953

"IF in telling the story I seem to be somewhat vague in certain details the public will readily understand that there is an excellent reason for my reticence", and "It is years since the incidents of which I speak took place . . . With due suppression the story may be told." With these words Dr. Watson explains the care he took to prevent the subjects of some of the adventures being readily identified. As Sir Henry Baskerville married the widow of his cousin Stapleton, who had killed Sir Charles and only just failed to kill Sir Henry, we can understand that reticence and suppression were needed in telling the story only some twelve years after it had happened.

It may seem obvious that the adventure of the *Hound of the Baskervilles* took place on Dartmoor. The moor itself, the escape of the convict from Princetown, the *Devon County Chronicle*, the nearby town of Coombe Tracey (Bovey Tracey) and the prehistoric stone huts at Grimpen (Grimspound) are only a few of the local references, but "there is nothing more deceptive than an obvious fact", as Holmes himself said to Watson. The adventure probably took place in Herefordshire* or perhaps just across the Welsh border—an equally wild and isolated country where the hills rise above the valley of the Wye. Even this may not be the end of the reticence and suppression for the family involved was probably the Vaughans and not the Baskervilles. These two great families lived near each other for centuries and had intermarried more than once.

THE BASKERVILLES

The Baskervilles were a powerful Norman family who lived at Eardisley Castle between Hereford and Kington.

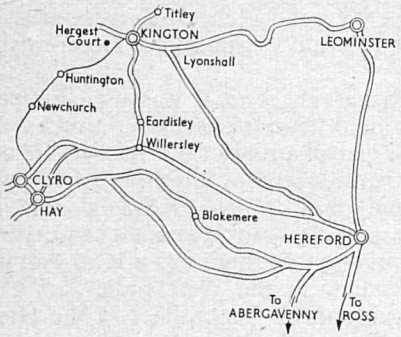
Their pedigree is given in Robinson's *Castles of Herefordshire* and several lives are given in the *Dictionary of National Biography* (*D.N.B.*). Sir Thomas Baskerville, a general of Queen Elizabeth's Armada, who died in 1597, was a son of Henry Baskerville of the city of Hereford. His son, Hannibal (1597–1668) was a famous antiquary who was buried in St. Pauls, and Hannibal's fourth son, Thomas (1630–1720), was a well known writer on the antiquities of Oxford and Buckinghamshire.

Sir Simon Baskerville, M.D. (1574–1641), was the son of another Thomas, an apothecary, and he also was descended from the Herefordshire family and was buried in St. Paul's. Perhaps the most famous of the Baskervilles was John (1706–1775), typefounder and inventor, who spent much of his money developing the Baskerville type still famous for its clarity and delicacy.† I cannot find that he or Thomas Baskerville, M.R.C.S. (1812–40), the writer on botany, were related to the Herefordshire family but they may well have been.

**The Boscombe Valley Mystery* took place near Ross in Herefordshire. I was not able to find the Boscombe Valley on a recent visit but it seems likely that it is part of the estate left by Thomas Guy to Guy's Hospital and still in its ownership, as a large part of this is near Ross.

† Since I wrote this M. Charles Peignot of Paris has presented the original punches designed by John Baskerville to the Cambridge University Press.

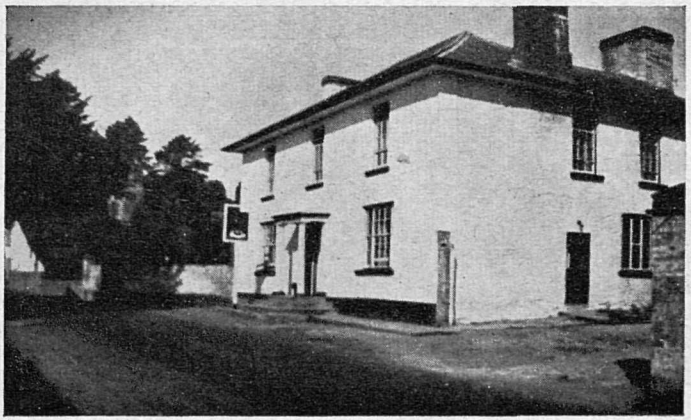
Nothing more than the site of Eardisley Castle now remains and until recently the Baskerville family lived about five miles away at Clyro Court. Clyro is a small hamlet in the Welsh foothills, two miles or so from Hay. We drove from Hereford with wonderful autumn tints in the woods and as we crossed the Wye, we could look backwards and see a massive tower in Hay standing out above the trees, or look forwards and see the large mansion, Clyro Court, with fine cedar trees on the lawn. Clyro Court is now a girls' secondary school and Mrs. Baskerville lives in a smaller white house on the same hillside.



The part of Herefordshire associated with the Vaughans and the Baskervilles

As we approached Clyro Church we noticed that we were walking through a double yew avenue, so they were probably common in the neighbourhood. Inside the church, the first memorial is to " Ralph Baskerville of Clyro, Captain, Glamorgan Yeomanry, who was killed in action at Fleurbaix in France on April 9th, 1918 ". Another is to the " Reverend R. K. Kilvert, Diarist and Curate of this Parish 1840–79 ". Kilvert's well known diary gives a picture of social life in mid-Victorian days and there are several references to the Baskervilles.

Almost next door to the church is " The Baskerville Arms ", an attractive white-washed inn of two stories : over the door is a portico with white columns and hanging from this the inn sign, the arms of the Baskerville family with the wolf's head above it. I am afraid I mistook



The Baskerville Arms at Clyro.
(Photograph by courtesy of Mr. and Mrs. Roy Connor.)

the head of the wolf for that of a hound and I suspect that Dr. Watson also did so. The blazon crest is a " wolf's head erased, or, pierced through the mouth by a broken spear in bend sinister, point upwards, argent, imbrued (i.e. covered with drops of blood) gules ", and this is above the coat of arms which are " argent, a chevron, gules between three hurts ". These appear in the Herald's visitation of Herefordshire in 1569.

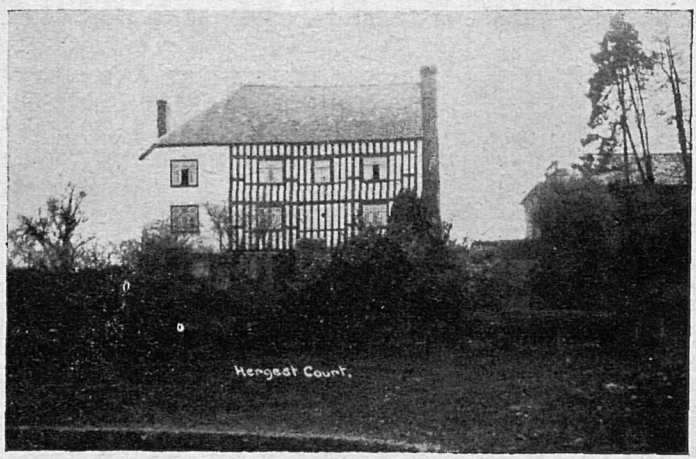
The dining room of the " Baskerville Arms " was used for petty sessions until it was forbidden to hold them on licensed premises, and at the end of the room hangs a larger painting of the Baskerville coat of arms with many quarterings, surmounted by the head of the wolf and embossed below with the family motto *Spero ut Fidelis*. The inn is old but it only became the " Baskerville Arms " about a century ago.

In such a family it is not surprising that there was a Rear-Admiral Baskerville who served under Rodney in the West Indies, or a Sir William Baskerville who was Chairman of Committees in the House of Commons under Pitt. You will remember that their portraits hung on the walls of Baskerville Hall with that of the notorious Hugo painted in 1647 but so far I have not been able to trace them.

But what has all this to do with our story—a respectable county family doing their duty to the state in peace and in war ? We must turn to their neighbours, the Vaughans, where there is a very different tale to tell.

HERGEST COURT

The Vaughans lived at Hergest Court, a mile or two outside Kington. According to local tradition, Thomas, the black Vaughan, and his " Black Hound of Hergest " provided the family legend round which Holmes and Watson defeated the diabolical plot of Stapleton. The appearance of this hound foretold the death of one of the Vaughans —and it is easy to imagine the impression such a family legend would



The farmhouse which is all that now remains of Hergest Court. The old barn is behind the trees on the right.

(Photograph by courtesy of Messrs. W. J. Yates and Sons of Kington.)

make in this remote country of the Welsh border, between Clun Forest and the Black Mountains. Recently I visited Hergest Court and the bedroom that is haunted by the Hound : it was a still autumn afternoon and I saw no more than a beautiful room many centuries old, but I should not like to have spent the night there alone.

Much of our story will centre round Hergest Court. It was once a great border castle, celebrated in verse by the contemporary Welsh bard Lewys Glyn Cothi, and encircled by a wall with eight towers. These were of stone below, " timber framed ", with glazed windows above such as may still be seen at Stokesay Castle, near Ludlow. Most of it dates from the 15th century but the building now used as a barn was 14th century and, from the enormous old fireplace, may well have been the great hall. It stands on a high mound encircled by the river Arrow and a moat, and from this position the great black beams standing out against the white walls make a memorable picture. Hergest Court passed eventually to John Harley, Bishop of Hereford, and so to his son the fifth Earl of Oxford.

Now only one corner of the castle is standing and is used as a farmhouse, but it gives a good impression of the original size. Miss Morris, who lives there with her brother, kindly showed us over, starting in the great kitchen with much of its old equipment and finishing with home-made cider in the vast stone cellars underneath. The rooms still have their original panelling and a beautiful oak staircase leads to the row of bedrooms with their simple old furniture : the last of these is haunted by the hound. It could often be heard here clanking its chain but this did not prevent it running free and frequenting the pool on the road to Kington, which was specially dreaded at night time for this reason.

Hergest is well known not only for its Black Dog but also for its Red Book—*Llyfr Coch O Hergest*. This is a Welsh manuscript of the 14th and 15th centuries now in the keeping of Jesus College, Oxford. It contains tales of Welsh folklore, old Bardic odes, and some poems of Lewys Glyn Cothi. I was told that I should find some legends of the hound here and searched the *Mabinogion*, the translation of the Red Book by Lady Charlotte Guest (1838–49).* But I could find no stories of Black Vaughan and his hound, perhaps because there are translations only of the prose works and not of Cothi's poems : this leaves a subject for future research by someone with a good knowledge of Welsh.

There is, however, a good deal about Black Vaughan and his hound in *Malvern Chase*, an historical novel of the War of the Roses written in 1881 by W. S. Symonds. The narrator was visiting Hergest to renew his acquaintance with the owner, commonly known as Black Vaughan. He started on foot followed by his bull dog Vulcan, and I will recount what happened after he had dined in the great hall and retired to his bedroom.

THE BLACK HOUND OF HERGEST

" I now looked round my chamber—a large low room, full of great beams with but two small chenelles in the timbers for windows and, by the light of a single Welsh rushlight, somewhat dismal. The only furniture besides the great bedstead was a bench and a large oaken chair with a deer-hide in front of it on which Vulcan at once lay down. Not feeling sleepy I sat down in the arm chair in a reverie, with Vulcan at my feet and with the rushlight glimmering on the bench beside us.

I was aroused by Vulcan uttering a low growl which was answered by a low " whimp whimp ", but I could not tell whence it came. At all events it aroused Vulcan's wrath as he sprang up preparing for instant battle. Thinking one of Black Vaughan's dogs was prowling about the passages I looked to the fastening

*There is a more easily accessible translation by Gwyn Jones and Thomas Jones in Everyman's Library.

of the door and after persuading Vulcan to lie under the chair proceeded to undress and retire to my couch. Still the dog remained so restless and excited that I determined to keep the rushlight burning, but soon fell asleep.

I could not have been asleep long when I was wakened by something moving at the foot of the bed and starting up I saw an enormous black boar hound with glaring eyes and a most savage expression, about to spring on the bed. Seizing my dagger I jumped out of bed, when the hound moved slowly towards the door. Vulcan too rushed from beneath his chair and there were the two dogs confronting each other, the black hound ready for a spring with his bristles standing on end and *eyes that flamed like torches.*

Encouraged by my call Vulcan sprang towards the door, but no sooner had he reached it than he cowered down and with a distressing cry crept slowly backward on his belly. Not liking to approach such an animal and wondering how he got into the room, I was about to shout for aid when gradually the form of the animal faded away and I saw nothing but the massive doorway with its great ribs of oak. Having examined the door and found it was fast I lifted the latch and looked outside but could see nothing. I returned to my chair and found Vulcan had cowered underneath. I spoke to him and encouraged him again and again, but there was no movement and I found he was stone dead.

Sleep was impossible, so leaving the dead dog by the chair I threw myself on the bed with my dagger by my side and left the rushlight flickering. Next morning there was a letter from my host apologising for leaving me so abruptly and when I related my adventures to an old serving man he exclaimed, ' By heavens, you have seen the black dog of Hergest. The house must have been full of guests to overflowing before the host of Hergest would have put a guest to sleep in the chamber of the shadow hound.' "

THE VAUGHANS

On this occasion the appearance of the hound did not foretell the death of the head of the family for Thomas Vaughan lived for many years.

His father, Roger Vaughan of Bredwardine, had married the daughter of David Gam* and helped to save the king's life at the Battle of Agincourt (1415) and, as he lay dying, was knighted by Henry V. In Shakespeare's *Henry V* he was not mentioned among those who had been killed but David Gam, Esquire, his father-in-law was, so they may well have been together.

The elder son, another Roger, lived at Tretower Castle in Carmarthenshire which is now being restored by the Office of Works as nearly as possible to its original condition. Among his descendants was another Thomas Vaughan, the father of Henry Vaughan (1622–1695), the doctor and poet (*D.N.B.*). His *Secular Poems* were published in 1646 and I have selected :

O Tell me whence that joy doth spring,
Whose diet is divine and fair,
Which wears Heaven like a bridal ring
And tramples on doubts and despair ?

Sure *Holyness* the magnet is,
And *Love* the lure that woos thee down ;
Which makes the high transcendent bliss
Of knowing thee, so rarely known !

But we must step back again two centuries to our Thomas Vaughan, the first of the family to come to Hergest Court, and to the War of the Roses—a confusing and complex period of English history.

*Gam is a Welsh nick-name—the squinter—and the real name was David Llewellyn : he is thought to be the original of Shakespeare's Fluellen.

Thomas was a staunch Lancastrian though most of his neighbours favoured the Yorkist cause. He fought at the battle of Mortimer's Cross (1461) in Herefordshire under Jasper, the son of Owen Tudor, who had been made Earl of Pembroke on his marriage to the widow of Henry V. The Yorkists won a great victory and Thomas Vaughan had to fly and ultimately took refuge in France. One of the Baskervilles was fighting on the Yorkist side and lost his life in the battle.

Eight years later there was a Lancastrian rising against Edward IV and Herbert, Earl of Pembroke, who had received this title on the forfeiture (and some say execution) of Jasper Tudor, was ordered to march against the rebels. He was severely defeated at the battle of Danesmoor near Banbury (1469) : Thomas Vaughan had changed sides and was fighting with his half-brother, the Earl of Pembroke, who was beheaded after his defeat. Thomas Vaughan was wounded but managed to reach Hergest Court where he died soon after. With his death I can leave the War of the Roses—a war without intrinsic interest revived again and again by the struggle for power and estates.

There is a beautiful tomb to Thomas Vaughan and his wife Ellen with life-sized figures in alabaster in Kington church, which is mostly 13th century with a solid Norman tower. The south chapel, built

The monument to Thomas Vaughan and his wife in Kington Church.

(*Photograph by courtesy of Messrs. W. J. Yates and Sons of Kington.*)

about 1325, was the chantry chapel of the Vaughans and on the wall is their family memorial, recording the marriage of Watkin, Thomas's second son, to Sybil, daughter of James Baskerville of Eardisley, and ten generations later the marriage of another descendant to Elizabeth, daughter of James Baskerville.

Looking at his stern but peaceful face, one would not guess that he was evil, but I may quote the words of Watson looking at the portrait of Hugo Baskerville. "I looked at the broad plumed hat, the curling love-locks, the white lace collar, and the straight severe face which was framed between them. It was not a brutal countenance but it was prim, hard, and stern, with a firm-set thin-lipped mouth and a coldly intolerant eye."

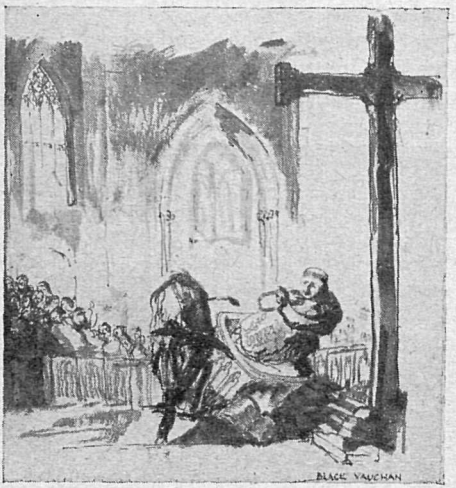
Nor does one expect the truth about a man on his memorial. In Cumnor church the grey marble monument to Anthony Foster describes his virtues but Scott in *Kenilworth* describes how he conspired with his master, the Earl of Leicester, to arrange for the death of

Amy Robsart, his countess, by removing the staircase and calling her down hurriedly in the night.

Thomas Vaughan was unable to rest in his grave after his death and there are many tales about him. The following is abridged from *Folk Tales of the West Midlands* by Frederick Grice.

BLACK VAUGHAN

Once upon a time at Kington in Herefordshire, there roamed a wicked spirit known as Black Vaughan. He lurked behind hedges at nightfall and upset loaded wagons; he frightened the farmers' wives as they were riding to market, and stampeded the cattle into the river.



Black Vaughan appearing in Kington Church as a Hereford bull.

(*Drawn by John Ambrose.*)

Day by day he grew more wicked and more daring, and one Sunday when the parson was praying and all the people kneeling in their pews he came into the church in the form of a Hereford bull, charging up and down the nave and knocking over the lectern. At last the people became too frightened to go to market and it looked as if it would have to be closed.

The farmers thought they should see a wise man about the spirit and went over the mountains to find him. He put his feet on a little carved stool and his knarled hands on the head of his stick and listened with a frown on his face to the story the men of Kington had to tell him. "Ah, this be a wicked spirit", he cried. "You must get twelve stout-hearted parsons with a woman and an innocent babe and let them read him down. He's a big spirit now but if you read to him from the Bible and pray steadily you'll read him down till you can get him into a small box and then you'll be able to bury him like a mouse."

So on an autumn night not long after there gathered in Kington Church twelve parsons, each with a lighted candle. They were not all as stout hearted as they might have been and the candles shivered as if they were in a draught though the air in the church was still. All the priests stood in their white surplices in a ring in the middle of the church, each with a candle in the left hand and a Bible in the right, with a little snuff box on the floor, open and glistening in the candlelight.

First of all both priests and congregation sang a psalm and then one of the parsons, calling upon his fellows to hold their candles high, called out in a loud voice, "Are you there, Black Vaughan?". There was no reply but the creaking of branches in the rising evening wind.

The twelve parsons all began to read loudly and in unison but something was heard to move in the air and one of the candles was knocked to the ground. The parson sank on his knees and let the Bible fall and up in the dim roof came a triumphant laugh and out went a second candle, and then a third and a fourth. Some of the people tried to leave the church but the oldest parson cried out, "Have courage and faith and we'll read him down yet!". As if in defiance the spirit swooped down and out went a fifth, a sixth, and a seventh candle. The church grew darker but it seemed that the brave old minister was right for the candles were knocked down with less violence and the laugh was not the laugh of a giant but more like the laugh of a boy. Then the people began to take heart and cried out to the parson to read on, and though the eighth and ninth candles went out

the old man read on steadily and the people head a noise of something bumping against the roof and the windows like an owl or a big moth trying to get out. " He's trying to escape : read on, parson ! " they cried.

The noise stopped and the tenth and eleventh candles went out but the old parson throwing away his book shielded his candle with his hand and read on. The church was now very dark and quiet except for the voice of the parson and suddenly in the quietness there was a noise like the falling of a dead bird on to the stone floor.

" He's down ", whispered the crowd. Higher and higher the parson held the last candle and as the flame lengthened he called out, " In the name of God, I command thee, Black Vaughan, into the box that lieth there on the floor." Tiny footsteps were heard going across the floor and then there was silence again. " He's in the box ! ", cried the parson in triumph. They threw themselves on the box and locked it firmly and there arose such a cheer in the church as Kington had never heard before. Then, in procession, with the faithful parson at their head, they went by torchlight and threw the spirit of the wicked Black Vaughan into the bottom of the deepest pond they could find.

There is a very similar version of the story in *The Folklore of Herefordshire* by E. M. Leather. In this the snuff box was thrown into Hergest pool to rest there for a thousand years. It was thought that Black Vaughan's footmarks could be seen in the grass under an oak tree near Hergest and when the oak tree was cut down some years ago, the man who felled it went mad and died in an asylum. I cannot find that Vaughan's hound comes into this tale, but Parton Cross, near Eardisley, was said to be haunted by ghostly black dogs where they have been seen within the last few years.

The *Dictionary of National Biography* (*D.N.B.*) contains many entries about the Vaughans ranging from Richard Vaughan (1550–1607) Bishop of London, who was born at Nyffryn in Llyn—where I have spent many delightful summer holidays—to Richard Vaughan, the second Earl of Carbery, knighted at the Coronation of Charles I, M.P. for Carmarthenshire, and Lieutenant-General of the Royal Army ; to his son John Vaughan, the third Earl, who became President of the Royal Society, 1686–89, and had very large estates in Wales, but was described by Pepys as one of the lewdest fellows of the age. The great Jeremy Taylor, Bishop of Downe and Connor, is said to have dedicated his book, *Holy Living*, to the second of these Vaughans.

According to the *D.N.B.* it was Sir Griffith Vaughan who was made a knight banneret by Henry V at the Battle of Agincourt and later, in 1447, was beheaded for giving offence to Margaret of Anjou. His feats of valour were celebrated and his death lamented by the same Welsh bard, Lewys Glyn Cothi. There seems to be a father and son with the same name mixed up in these accounts.

Sir Thomas Vaughan, who was executed at Pontefract in 1483, was the youngest son of Sir Roger Vaughan of Tretower Castle ; he became a well-known Yorkist and figures in Shakespeare's *Richard III*. The *D.N.B.* says that he must be carefully distinguished from our Thomas Vaughan of the true line of Herast (Hergest) who was killed at the Battle of Banbury.

Lady Hawkins' Grammar School at Kington is also connected with the Vaughan family as it was founded and endowed in 1632 by Lady Margaret Hawkins, Lady of the Bedchamber to Queen Elizabeth and the widow of Admiral Sir John Hawkins, Treasurer of the Queen's Navy. She was the daughter of Charles Vaughan of Hergest Court, M.P. for Radnorshire.

As further evidence of my thesis, it is said that Conan Doyle, when editing Watson's tale, stayed near Kington. Dunfield, the historic house with the double avenue down which " Sir Charles Baskerville " ran, is now a guest house and the avenue has been cut down. My thesis is not yet complete for the old manuscript of the

hound and the death of Hugo Baskerville was dated 1742 and the events recounted took place " in the time of the Great Rebellion ", and Dr. Watson's kindly heart has led to so much reticence and suppression, but I think I have brought forward some evidence that the events recounted in the *Hound of the Baskervilles* may have taken place in Herefordshire.

I am deeply indebted to Dr. Winter Dryland of Kington-on-Arrow who first suggested to me that the *Hound of the Baskervilles* was based in Herefordshire and for guiding my hand through the intricacies of local tradition and geography. I also wish to thank Mr. Neville Weston for referring me to *Castles of Herefordshire* and *The Folklore of Herefordshire* (Sidgwick and Jackson, 1912), Mr. Ben Elliott for help with the heraldry, Messrs. W. J. Yates & Sons of Kington for the photographs of Hergest Court and of the Vaughan memorial, Mr. and Mrs. Roy Connor of Clyro for the photograph of the " Baskerville Arms ", and Mr. John Ambrose for the drawing of Black Vaughan as the Herefordshire Bull.

Copies of SHERLOCK HOLMES AND DR. WATSON (A MEDICAL DIGRESSION) *by Dr. Campbell may still be obtained from the Gazette Office, price 2s. each.*

STUDENTS' UNION CORONATION BALL

Kensington Town Hall was the venue chosen by the Students' Union for their Coronation Ball on May 15th. The Ball was well attended and it was pleasant to see that the President of the Students' Union, Dr. Keith Simpson, and his wife, were present with a party of friends including Prof. James Whillis and Mrs. Whillis, Mr. and Mrs. S. H. Wass and Mr. and Mrs. T. L. T. Lewis.

At midnight balloons were released, and this stimulated various varieties of physical exertion—several well known members of the Rugby Club being well to the fore. In the period of comparative peace that followed, Mrs. Keith Simpson kindly consented to present the raffle prize which was a bottle of champagne of the largest dimensions.

Music for dancing during the evening was played by the Ace Dance Band—and during the interval the Gordon Bradley Rumba Band played Latin-American music.

The Ball ended at 1.0 a.m. and afterwards the interested observer could enjoy the considerable excitement aroused by the spectacle of eight—or possibly ten—people attempting to enter a car obviously designed to carry four persons only.

Finally, a word of congratulation to the organisers of the Ball for a most enjoyable evening. It is to be hoped that the success of this occasion will coax some of the more diffident members of the Student Body to take a more active part in functions of this nature. J.W.

NOTICE

A Symposium, " The Stammerer Explains ", will be held in the Small Concert Hall of Goldsmiths' College on Thursday, June 11th, at 6.45 p.m., at which the principles of the Speech Re-education of Stammerers will be discussed. The guest speaker will be Mr. H. St. John Rumsey, M.A., Consultant Speech Therapist to Guy's Hospital.

THE DIAGNOSIS OF SARCOIDOSIS

By F. A. de HAMEL, M.R.C.S., L.R.C.P.
Medical Registrar, Lambeth Hospital

THE following case clearly illustrates the difficulties that may be experienced in clinically confirming or disproving a diagnosis of sarcoidosis, and the similarities between this disease and chronic miliary tuberculosis.

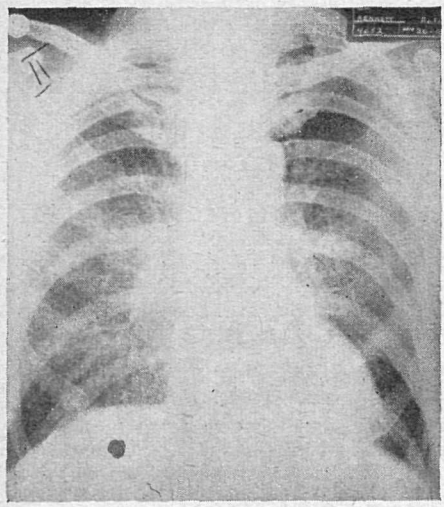
A.B., age 73 years, a retired draper's assistant, was admitted on 4.9.51 complaining of frequency of micturition and some loss of bladder control for the previous 3–4 weeks. He also stated that when he walked fast or climbed stairs he got a constricting feeling in the front of his chest, which was relieved by rest.

Throughout his life he had had good health, but he had his first attack of tightness in the chest on exercise in January, 1951, and it had recently been getting worse. He had no cough, but recently had been short of breath on lying down.

Examination on admission showed a fairly fit looking man for his age. He had a slight tachycardia and a blood pressure of 220/130. The apex beat was 4½ inches from the M.L. in the sixth space, and there was a loud systolic murmur at the base. The lungs showed a few moist crepitations at the right base. The liver was palpable and very slightly tender. The skin appeared quite normal, and he had no skin nodules. There was no enlargement of the lymph glands. Examination of the central nervous system was negative. Ophthalmoscopic examination showed many corneal opacities, and the retinal vessels showed mild hypertensive changes. No choroidal tubercles were seen.

He was considered to have a urinary infection, angina pectoris, hypertension and early left ventricular failure. The day after admission his temperature rose to 102 degrees, and chest X-ray showed fine miliary shadowing in both lung fields with enlargement of the left ventricle. His Hæmoglobin was 96%, total White count 2,900, with 75% Polymorphs, 16% Lymphocytes, 9% Monocytes. His urine revealed a heavy infection with *B. coli*. An E.C.G. showed evidence of left ventricular preponderance.

Figure 1



Chest film, 20th September, 1951.

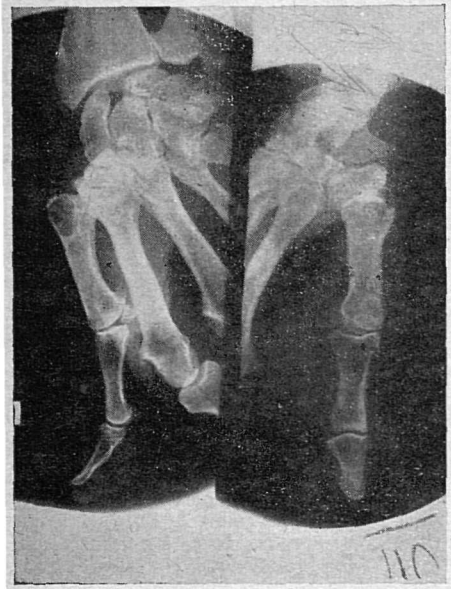
His general condition rapidly improved on treating his urinary infection, and his blood pressure dropped to 160/90. A further X-ray on the 20.9.51 showed a slight increase in the fine mottling, and it was at this time considered that he was suffering from miliary tuberculosis, carcinomatosis, or sarcoidosis. Gastric fasting juice was aspirated and cultured for tubercle bacilli. No growth was seen in six weeks. His Mantoux reaction was negative to 10 mgms. of old tuberculin. His W.R. and Kahn were negative.

By the 4th October his general condition was excellent. He was eating well and his weight was remaining constant. On the 15th October, examination of his serum showed a total protein of 5·34 gms. per 100 ml. Albumin 2·47 gm., Globulin 2·87 gm.—A: G ratio, 0·86: 1·0.

At this time a diagnosis of Boeck's sarcoidosis was considered probable and his hands and feet were X-rayed. The films showed a cystic area in the base of the first left metacarpal, which was considered compatible with such a diagnosis. A

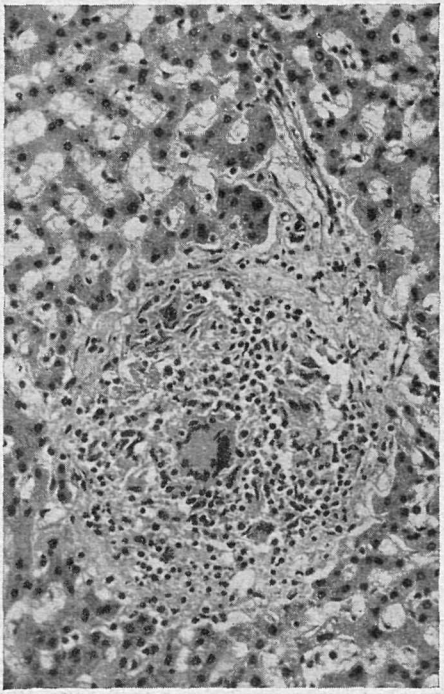
blood count at this time showed 5,000,000 red cells, 94% Hæmoglobin; total White count 6,800, Polymorphs 79%, Lymphocytes 16%, Monocytes 4%. His serum alkaline phosphatase was 9 units.

Figure 2



Cyst of bone at the base of first left metacarpal.

Figure 3



Liver biopsy x256. *Enlarged view of a "tubercle" showing epithelioid cells and a giant cell.*

On the 15.10.51 he was started on a course of 30 gm. of Streptomycin, gm. 1 daily, with P.A.S.

On 26.10.51 aspiration liver biopsy was carried out. The report on the section was as follows :—

> "Section of biopsy from liver shows numerous small tubercles composed of giant and epthelioid cells. There is no sign of caseation and tubercle bacilli were not found."

Part of this material was implanted in a guinea pig.

A definite diagnosis of Boeck's sarcoidosis was now made.

He continued to improve slowly, but throughout this period was running an inverted remittent temperature to about 102 degrees. On the 9.11.51 his white count had risen to 10,600 with 81% Polymorphs, 11% Lymphocytes, and 7% Monocytes. His B.S.R. at this time was 52 mm. and his total serum protein 6·55 gm. per 100 cc., with an A: G ratio of 1: 1. Screening of his chest and tomograms of the mediastinum showed no evidence of mediastinal enlargement.

He suddenly died from hypertensive heart failure on 15.11.51, which was entirely incidental to his general condition.

Post mortem examination was carried out on the same day. Both lungs were found to be studded with small tubercles throughout their substance. Mediastinal lymph glands were slightly enlarged.

The pericardium contained a little clear fluid, but there was no evidence of tubercles in the pericardial sac. His heart was enlarged and showed a fatty myocardium with considerable atheroma of the coronaries and aorta. The abdominal lymph glands were slightly enlarged and showed small white areas, and the spleen exhibited numerous small tubercles throughout its substance. The liver, to the naked eye, appeared entirely normal, even on the cut surface. The kidneys showed many small tubercles scattered over the surface and in the substance. There was a small caseating area in the left adrenal. The right adrenal appeared normal. There was a cyst at the base of the first left metacarpal, but no other abnormality was apparent on naked eye examination throughout the body, and no other areas of caseation were found apart from that in the one adrenal. Numerous specimens were taken for microscopy. Even at this time it was considered that he had suffered from sarcoidosis.

On microscopy, however, tubercle bacilli were found in the lungs, kidneys and suprarenals, but not in repeated sections of the liver or spleen. The tubercles present in all the organs appeared to be identical with the type found in sarcoidosis. None showed any central caseation. The cyst in the metacarpal appeared to be entirely benign and showed no evidence of any inflammatory reaction.

The guinea pig in which the liver biopsy tissue was implanted was killed about a month after the patient died. A large caseating mass was present at the site of the implant, and the guinea pig's spleen was riddled with tubercles, and material from the caseating mass showed very many tubercle bacilli on staining.

Comment

It appears that the diagnosis of sarcoidosis was incorrect and that the patient was actually suffering from chronic non-caseating miliary tuberculosis. The most remarkable points about this case were the very many typical sarcoid-like lesions present in the liver biopsy, and which were quite invisible to the naked eye post mortem ; the apparently fortuitous cyst of the thumb ; the completely negative Mantoux reaction to 10 mgms. O.T. in the presence of gross miliary tuberculosis ; that tubercle bacilli of sufficient virulence to cause considerable caseation in the guinea pig in six weeks should excite such mild reaction in the patient ; and the fact that repeated sections of the liver biopsy and the liver post mortem stained with Ziehl-Neilsen failed to demonstrate these bacilli, yet they must have been present.

It must appear obvious that if the biopsy material had not been implanted into the guinea pig or if the patient had not incidentally died, there would have been little grounds for disputing a diagnosis of sarcoidosis in this case.

Discussion

Sarcoidosis is one of the few diseases that has no simple definition. In the past fifty years it has undergone a gradual metamorphosis from being the " multiple benign sarkoid of the skin " of Boeck's original description to become a widespread disease so protean that no part of the body is immune from its manifestations. As a result, efforts have

recently been made to correlate the signs and define the condition in the light of present knowledge.

The Committee on Sarcoidosis of the United States National Research Council has defined it as " a disease of unknown ætiology. " Pathologically it is characterized by the presence in any organ or tissue of epithelioid cell tubercles with inconspicuous or no necrosis and by the frequent presence of refractile or apparently calcified bodies in the giant cells of the tubercles. The lesions may be replaced by fibrosis, hyalinization, or both. Clinically, the lesions may be widely disseminated. The tissues most frequently involved are the lymph nodes, lungs, skin, eyes and bones. The clinical course is chronic with minimal or no constitutional symptoms. However, there may be acute phases characterized by malaise or fever. There may be signs or symptoms referable to the tissues or organs involved. The intracutaneous tuberculin test is frequently negative. The plasma globulins are often increased. The outcome may be clinical recovery without radiographically visible residue or there may be impairment of the organs involved, or a continued chronic course of the disease."

Scadding[1], however, thinks this definition lays itself wide open to differences of clinical opinion. He believes the only true criterion is a careful histological examination, adding that the typical lesions must be present in " all the affected tissues ". This would thereby exclude the occasional sarcoid-like lesions seen in cases of classical tuberculosis and chronic brucellosis. It seems then that the disease is still not adequately and simply defined for the clinician, but in view of the almost certainly tuberculous origin of most cases, a definition apart from one covering chronic miliary tuberculosis may eventually be found to be superfluous. However, until such an ætiology has been proved beyond doubt, sarcoidosis must remain a separate entity to be defined, however vaguely, and diagnosed. Obviously the chief difficulty is in distinguishing it from chronic miliary tuberculosis and some of the important points in this differential diagnosis are considered.

There seems to be general agreement upon the histological picture in sarcoidosis. The basic lesion is an epithelioid tubercle with no central caseation. There is a relatively small degree of round cell infiltration and Langhan's type giant cells are present in almost all sections. The tubercles may coalesce but are well-defined from the surrounding tissue. Most authors do not deny that tubercle bacilli are sometimes demonstrated in the lesions but agree that it is unusual.

The detection of the tubercle bacillus, however, in biopsy material is often extremely difficult and many sections may have to be cut. Many pathologists have pointed out the well-known rarity of demonstrable tubercle bacilli in very chronic tuberculous lesions, and note the similarity between the histology of sarcoidosis and proved chronic military tuberculosis. Freudenthal[2] reports about 26 cases of sarcoidosis in which tubercle bacilli have been isolated, but thinks they can only be found in early lesions as is true of tuberculides. So the presence, or absence, of the bacillus is apparently no safe diagnostic criterion.

The Shaumann inclusion bodies in the giant cells are of no great diagnostic value. They are only present in about 20% of cases. But absence of caseation in the lesion is certainly strongly in favour of a diagnosis of sarcoidosis, and central caseation of a tubercle would exclude it. Occasional patches of caseation, however, may not be demonstrated by arbitrary biopsy, and most authorities find that small amounts of caseation are present in most cases. In many of the reported autopsies on cases of sarcoidosis there have been some caseous areas.

If it is accepted that the final diagnosis must rest upon finding the typical histological picture, the greatest care should be taken in obtaining, as far as possible, a representative biopsy and examining it adequately. A histological examination of one biopsy alone may also yield false results. It appears to be of the utmost importance that guinea pig implantation with the biopsy material should always be carried out. Incorrect diagnoses based upon the histology alone could otherwise frequently be made.

The general characters of the disease are not specific save that they are similar to tuberculosis in its chronic forms. No age is immune, and cases of sarcoidosis have been reported in all decades from the first to the eighth, the commonest age group being from 30–40 years. The sexes are affected equally, but negroes suffer the disease about six times more commonly than the white races. Symptoms are often conspicuously absent, but some dyspnœa and lethargy are frequent in pulmonary cases in the acute phases of the disease. The literature shows that about 80% of cases of sarcoidosis have pulmonary lesions, either in the lung fields or mediastinal lymph glands, at some stage of the disease. About 70% have some involvement of the lymph nodes and about half are said to have ocular involvement. One case in three has skin lesions and only a few show evidence of invasion of the nervous system, the heart and other organs.

The radiological changes in sarcoidosis have recently been admirably reviewed. Scadding[1] summarises the pulmonary appearances in his cases and described five presenting types ; those with undetectable lung change but with evidence of mediastinal enlargement ; those with hilar gland enlargement with diffuse mottling of the lung fields ; those without hilar enlargement but with diffuse pulmonary infiltration ; those with fine reticulation only ; and those with fibrosis, emphysema and bullous formation. Cavitation has been reported in typical cases and does not exclude the diagnosis apparently. The importance of the hilar shadows has been emphasised by many writers and about half the cases described have bilateral hilar gland enlargement. It appears early in the disease and absence of it may mean that the disease has been present for some years. Hilar tomography in doubtful cases is valuable in assessing true enlargement of the hilar lymph nodes.

The radiological changes in the bones in this disease are summarised by Holt and Owens[3]. They found that in 65 cases of sarcoidosis, 17% showed bony lesions. They are mainly in the hands and feet and appear in the medulla of the bone, usually at the base of a phalanx near the joint. The middle and distal phalanges are most commonly involved. The disease does not classically produce

periosteal thickening, nor does it invade the joint. One form of the lesion appears as a stippled translucency, which progresses to produce a roundish " punched-out " appearance, which may be solitary or multiple. The other form, the reticular type, produces a " lace-work " pattern. Both types of lesion may occur together in a typical case. Apart from other diseases of bone, however, which may simulate these lesions, some normal individuals may show benign cystic changes, particularly in the heads of the metacarpals, which may be mistaken for osseous sarcoidosis, especially when other clinical features suggest the possibility.

The dermatological lesions of sarcoidosis are not very uncommon, and rather more than three-quarters of all cases of skin sarcoid show other evidence of the disease, chiefly intrathoracic.

Gifford and Krause[4] classify the cutaneous lesions into three groups ; the disseminated miliary sarcoidosis, consisting of brownish red or purplish nodules appearing anywhere upon the body ; the Darier-Roussy sarcoid being multiple round subcutaneous nodules freely movable beneath the skin ; and lupus pernio—bluish or violet plaques upon exposed areas. More than one type may be present in the same patient. Cases of typical erythema nodosum with a negative Mantoux may be found to have enlarged hilar glands and sometimes the " snowstorm " pulmonary appearances. Probably these cases must also be considered to be a form of sarcoidosis.

The ocular manifestations of sarcoidosis are almost entirely confined to the uveal tract, though the disease sometimes involves the lachrymal gland and conjunctiva. Iritis is the most frequent lesion. It is usually painless and small, pink, irregular nodules develop which are very similar to those in a tuberculous iritis. Deposits may be seen on the posterior surface of the cornea following the iritis. True uveoparotitis may occur with swelling of the parotid gland and a marked acute iritis, associated with fever and generalised constitutional disturbances (Heerfordt's disease). Lesions of the retina and choroid are rare, but are well authenticated.

The Mantoux reaction is often negative to the amount of 10 mg. O.T. But a positive reaction does not exclude the diagnosis for it is apparently positive in about one quarter of the reported cases. The power of the patient with sarcoidosis to remain tuberculin negative following B.C.G. vaccination has been advanced as evidence against the tuberculous ætiology of sarcoidosis. Danbolk[5] has reported that he failed to obtain a Mantoux conversion following B.C.G. vaccination in 12 out of 19 cases with four equivocal results. There does not seem to have been sufficient work done upon this test yet to be able to assess its value, if any, in the differential diagnosis between cases of chronic miliary tuberculosis and sarcoidosis.

The inversion of the albumin–globulin ratio occurs in about half the cases and is due to an increase of plasma globulin. It is an important feature of the diagnosis, but an increase of plasma globulin may also occur in cases of acute and chronic suppuration, acute infections, multiple myelomatosis and some tropical diseases. In tuberculosis, cirrhosis, lupus erythematosus and the leukæmias there may be an increase of the globulin fraction, though the total protein is usually normal. An inverted ratio may be produced by a decreased

plasma albumin alone in conditions in which there is loss of albumin from any cause, or where there is inadequate intake of protein, failure of hepatic synthesis, or excessive protein destruction in diseases such as thyrotoxicosis or uncontrolled diabetes. It will be seen that the serum protein fractions may be upset in many conditions apart from sarcoidosis and the other factors producing an inversion of the A: G ratio must be excluded before it becomes valuable diagnostic evidence.

Specific tests to prove the diagnosis have been devised, but none of them is really satisfactory and they cannot be recommended. The Kveim reaction consists of an intradermal injection of a heated saline suspension of sarcoid tissue. A nodule appears after about three months which may ulcerate, and can take up to two years to heal. This can hardly be considered seriously as a satisfactory test. A similar lesion may apparently be produced with killed virulent tubercle bacilli in any one with a negative Mantoux. It has also been shown that serum from patients with sarcoidosis actively neutralises tuberculin, and tests using this discovery have been tried with no conclusive results so far.

Conclusion

An attempt has been made to evaluate some of the points upon which a diagnosis of sarcoidosis could justifiably be made. It will be seen that a positive diagnosis designed to exclude chronic miliary tuberculosis is often exceedingly difficult, and may be impossible in life. It has not been the intention here to consider the ætiology of the condition, but it can only be hoped that the need to make a diagnosis of sarcoidosis in a few years' time will be as unnecessary as it is difficult.

I wish to express my gratitude to Dr. C. E. W. Wheaton in whose wards the patient was treated, to Dr. R. F. L. Hewlett for the pathological investigations, and to Dr. H. J. Anderson of St. Thomas's Hospital for performing the liver biopsy and for much helpful criticism.

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REVIEWS

FILM REVIEW

Dextran—The new narrow fraction. Made under the direction of PROFESSOR A. M. BOYD, F.R.C.S., and the Department of Surgery, University of Manchester.

The premiere of this film was held on May 20th at the Royal College of Surgeons. Although it is sponsored by a commercial firm, it is not, in any sense of the word, an advertising film. Rather it is a well-planned attempt to give an idea of the theoretical basis and historical background of plasma substitute therapy. The first part of the film gave an account of the various substances which have been used in the treatment of shock including gum arabic introduced in 1917 and polyvinyl pyrrolidone used at the end of World War II.

The logical development of Dextran was sketched and the theoretical background for the practical choice of the molecule of molecular weight of 130,000 to 250,000 was discussed. The preparation and processing of Dextran was briefly though interestingly dealt with and the history of the substance from its preparation by growth of a micro-organism on a sucrose substrate through to its final bottling was described.

A brief section was devoted to the use of this plasma substitute during a repair of a bilary fistula by Professor Boyd—the control of blood pressure is impressive and the duration of stay in the body, as judged by radio carbon studies, is proved satisfactorily by animal experiment.

Altogether a high standard of production, excellent colour photography, an interesting topic and a film with which Professor Boyd and the makers of the product may well be pleased. P.S.B.

BOOK REVIEWS

Berkeley's Handbook of Midwifery. By ARNOLD WALKER, C.B.E., M.A., M.B., B.Ch.Cantab., F.R.C.S.Eng., F.R.C.O.G. 14th Edition. Cassell & Co. Ltd. *Price* 15*s.*

Seven years have passed since the last edition of Sir Comyns Berkeley's *Handbook of Midwifery* was published just before his death and as much of the text had become out of date the book was gradually disappearing from the libraries of Midwifery schools.

The 14th edition, completely revised by Mr. Arnold Walker, is an excellent book of basic midwifery and should be welcomed by all teachers of pupil midwives. The revised text shows that as Chairman of the Central Midwifery Board, Mr. Arnold Walker clearly understands the needs of pupils and the book is comparatively short, concise and very readable and should prove invaluable both to present and future pupil midwives. It is a relief to note that in the chapter on ante-partum hæmorrhage the midwife is no longer required to carry out alarming emergency treatment in the patient's own home ! D.J.J.

Essentials for Final Examinations in Medicine. By JOHN DE SWIET, M.D., M.R.C.P. 4th Edition. J. & A. Churchill. *Price* 12*s.*

There is a great deal of useful information condensed into this little book though in many respects the author's desire to make revision easy has led to some confused writing and a certain lack of balance. After reading page 73, for example, the student may well be more muddled as to the merits of splenectomy in thrombocytopenic purpura than he was before. The frequent use of " the former " and " the latter " in the discussion leaves the reader profoundly depressed at the intricacies of an already difficult subject.

Some of the stated facts are questionable. Can the *entamœba histolytica* ("Amœbiasis ") be discovered " on sigmoidoscopy " ? What is meant by " pads of fibrositis extending to a degree of true myxœdema " in the discussion of menopausal arthritis ? One wonders, too, at the omission of penicillin in the treatment of scarlet fever. Again, " vegetations on the tricuspid or pulmonary valves " as a cause of pulmonary infarction (p. 149) must indeed be rare. In a 4th edition mistakes like " dibothriophyllus latus " (p. 7) for diphyllobothrium latum should not occur. This book needs further revision. E.E.D.T.

The Science of Mind and Brain. By J. S. WILKIE, B.Sc., Ph.D. Hutchinson's University Library. *Price 7s. 6d.*

Despite the authoritative ring of the title, this is a confused and a confusing book. There is no sustained argument. Rather is there a random sampling of the neuro-physiological literature combined with a brief consideration of some of the more academic psychologies, all of which leads up to the singularly lame conclusion (page 139): "The final integrations of the neuromental system may take place according to laws which are unique, and it is possible we shall never know them otherwise than by the psychological methods of introspection and behavioural studies."

This book is said to be for the "student and general reader" and contains some simplified diagrams of superficial brain structure and cortical areas. These (and the brief chapter on neuro-anatomy) are quite inadequate to inform the reader without anatomical and physiological training and are useless to the student.

Major specific omissions include the lack of reference to important recent work on the role of the temporal lobe and rhinencephalon—as Le Gros Clark has recently pointed out, regions of crucial importance in this problem of cerebral integration. The importance of the reticular nuclei of the brain stem and thalamus, and the unhappy fate of the "suppressor bands" in the light of recent work, seem unknown to the author, whose claim "to present a sound basis from which the student can go on to more detailed texts" must be questioned. H.P.G.

SPORT

CRICKET

Guy's *v.* Honor Oak

At Honor Oak. Result: Lost by 5 wickets

9th May, 1953

Guy's

N. Cooke, l.b.w., b. Cheesman	13
W. Knapman, c. Harris, b. Cannell	1
D. Lipington, c. Cowley, b. Cheesman	17
D. Allan, b. Cheesman	45
E. Gibbons, c. Cannell, b. Sheffield	12
M. Chignell, c. Cowley, b. Cannell	16
W. Howells, b. Cheesman	17
D. Atkinson, b. Weymouth	15
D. Tunnadine, not out	4
M. Willis, b. Weymouth	0
T. Smith, st. Cowley, b. Weymouth	0
Extras	3
Total	143
Honor Oak, for 5 wickets	144

Bowling: Willis, 2 for 42; Atkinson, 1 for 23; Tunnadine, 2 for 29.

Guy's *v.* Ashtead

At Ashtead. Result: Lost by 50 runs

10th May, 1953

Guy's

N. Cooke, b. Weatherall	73
E. Gibbons, B. Weatherill	21
R. Elsdon-Dew, c. wkt., b. Henty	3
M. Williams, run out	6
W. Howells, b. Weatherill	18
D. Atkinson, b. Gigg	0
D. Tunnadine, b. Gigg	1
F. Trist, b. Gigg	1
M. Willis, c. Henty, b. Weatherill	3
N. Labuschagne, not out	2
W. Knapman, b. Weatherill	0
Extras	11
Total	139
Ashtead, for 9 dec.	188

Bowling: Labuschagne, 1 for 53; Trist, 1 for 30; Willis, 5 for 46; Tunnadine, 2 for 30.

Guy's *v.* Dulwich

At Dulwich. Result: Match Tied

17th May, 1953

Guy's

N. Cooke, b. Meekins	15
W. Howells, b. Finch	50
D. Lipington, run out	22
M. Williams, c. Ricca, b. Meekins	0
M. Mackenzie, c. Finch, b. Palfrey	7
R. Gibbons, c. Meekins, b. Palfrey	0
D. Tunnadine, c. Finch, b. Meekins	0
H. Bissoon-Dath, c. Anderson, b. Gummer	0
M. Willis, c. Gummer, b. Palfrey	9
F. Trist, not out	9
N. Labuschagne, b. Finch	3
Extras	12
Total	127
Dulwich, for 9 wickets	127

Bowling:	O.	M.	R.	W.
Labuschagne	16	3	43	5
Mackenzie	14	4	35	2
Trist	6	1	28	0
Bissoon-Dath	2	0	8	0
Willis	6	2	10	1

Guy's *v.* Stoics

At H.O.P. Result: Drawn

20th May, 1953

Guy's

D. Lipington, c. Dixon, b. Levy	7
W. Howells, l.b.w., b. Bligh	18
R. Elsdon-Dew, st., b. Levy	78
N. Cooke, c., b. Levy	65
M. Williams, st., b. Levy	12
M. Mackenzie, not out	25
M. Willis, st., b. Sherwood	3
D. Atkinson, not out	18
D. Tunnadine dis not bat	
N. Labuschagne „ „ „	
G. Rosair „ „ „	
Extras	5
Total, for 6 wickets	231
Stoics, for 7 wickets	99

Bowling: Labuschagne, 1 for 31; Atkinson, 4 for 32; Willis, 1 for 18; Lipington, 1 for 3.

CHESS CLUB

The first annual tournament for the Silver Cup presented by the President, Mr. Blaikley, has been won by the Captain, R. O. Selby. The thirty-three entries were originally divided into eight groups each containing a seeded player. At the expiring of the time limit fifty-four per cent. only of the games had been played, yet the winners had already emerged. Six of the "Seeds" remained, including D. V. Wright who won the most keenly contested section after a play-off. The remainder of the tournament was then played on a knock-out basis :—

P. Gregory	R. O. Selby		
R. O. Selby		R. O. Selby	
R. Y. Calne	D. A. Sabel		
D. A. Sabel			R. O. Selby
Dr. E. A. Wright	J. Billingham		
J. Billingham		J. A. Cox	
N. Sharples	J. A. Cox		
J. A. Cox			

LAWN TENNIS

Guy's *v.* **Christ Church, Oxford**
At Oxford. Result : Won 6—3
Saturday, 23rd May, 1953
Results :

Frost and Quant..	2—1
Bullard and Osborne	3—0
Chard and Thomas	1—2
	6—3

RESULT OF CROSSWORD

appearing in our last issue.

S	Y	R	I	N	G	O	M	Y	E	L	I	A		
E		O		O		S		E		U		C		
Q	U	A	D	R	A	T	U	S		M	O	T		
U		D				E		M		B		R		
E	O	S	I	N		O	S	A	Z	O	N	E		
S			M	A	I	M		N		R		S		
T	E	M	P	T		Y			M	U	G	S		
R		I	R	A		E	S	K	I	M	O			
A	D	R	E	N	A	L	I	N	E		G			
T	O	A	S	T		I	R	O	N	A	G	E		
E	R	G	S		O	T	I	C		P	L	A		
S	P	E	E	D		I		K	N	E	E	S		
			S			S				S		E		

HOSPITAL INFORMATION

APPOINTMENTS VACANT

EVELINA CHILDREN'S HOSPITAL
OF GUY'S HOSPITAL

Southwark Bridge Road, London, S.E.1

Required **House Surgeon** (2nd or 3rd post). Appointment is from 1st July, 1953, for 6 months (first 2 months in the Casualty Department) and is recognised for the D.C.H. and also as a second pre-registration post. Salary £400 or £450 per annum, less £100 per annum for residential emoluments.

Applications stating age, nationality, qualifications (with dates) and copies of three recent testimonials, should reach the Hospital Secretary by **4th June, 1953.**

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CHANGE OF ADDRESS

David H. Broughton, M.B., B.S., Russets, North Shore Road, Hayling Island. Tel. : Hayling 77468.

BIRTHS

AMHERST-CLARK.—On 13th May, 1953, at Guy's Hospital, to Beryl (née Brattle, M.S.R.), wife of Jeffrey Amherst-Clark—a daughter (Jane Elizabeth).

BROUGHTON.—On 9th May, 1953, at Russets, Hayling Island, to Josephine (née Watson), wife of David H. Broughton, M.B., B.S.—a sister for Judith and Jane.

BUTTERFIELD.—On 13th May, 1953, at the Tiverton Hospital, to Jean (née McGahey), wife of Fred Butterfield, L.D.S.—a daughter (Joy Elizabeth)—a sister for Joan and Michael.

MARRIAGE

SHERWOOD—BECK.—On 19th May, 1953, quietly, at Hampstead, Harry Sherwood to Shirley Beck.

DEATH

PAKES.—On 23rd April, 1953, Albert Ernest Hardman Pakes, M.R.C.S., L.R.C.P., of Johannesburg, S. Africa.

Eds. { E.B.D.T. P.S.B.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXVII. No. 1693 13th June 1953 One Shilling

PASSIM

WE extend our hearty congratulations to Miss Dorothy M. Smith, Matron of Guy's, and to Mr. A. D. Marston, Senior Anæsthetist to the Hospital, on being awarded the C.B.E. in the Coronation Honours List. Mr. Marston's award coincides most happily with his appointment as the first official consultant adviser in anæsthetics to the Ministry of Health.

Among other eminent Guy's men honoured were Sir James Bennett Hance, Medical Adviser to the Commonwealth Relations Office (K.C.M.G.), and Major-General Frederick Escritt (C.B. *Mil.*).

Dr. C. A. Boucher, who recently delivered a clinical lecture at Guy's was awarded the O.B.E. as was Dr. Henry Richards for his work in the Sudan. Dr. W. J. H. Butterfield, a member of the Medical Research Council unit here, was also awarded the O.B.E. for his work in connection with the medical aspects of the Monte Bello atomic bomb trials.

We also congratulate most warmly Miss Dorothy L. Holland, Senior Sister Tutor, on being awarded the Coronation Medal.

We record with much pleasure the election of Viscount Nuffield, Honorary President of the Board of Governors, to the Fellowship of the Faculty of Anæsthetists of the Royal College of Surgeons.

Last Wednesday a most successful Coronation Garden Party was held at Guy's. The present number of the *Gazette* was being set up as the notes of the band floated from the Park on the warm afternoon air, and so we must reserve a fuller, illustrated account of this event until our next issue.

Mr. Guy Blackburn, who accompanied the Foreign Secretary on his transatlantic flight last week is, of course, no stranger to the United States. His ward rounds and spirited conversation have, from time to time, been enlivened by reference to his experience of surgical practice there. It is a source of much satisfaction to know that he represented Guy's when Mr. Eden underwent his operation at the New England Baptist Hospital, Boston. As we go to press we are glad to hear of its successful outcome.

Two large, pale, varnished oak boards, shaped with rounded upper contours, have just been fixed on each side of the main entrance to the forecourt of the Hospital. They carry " GUY'S HOSPITAL " in gilded letters some 7 inches high. Whether these name plates

harmonize with the eighteenth century ironwork is a matter upon which judgment must be reserved until their startling freshness has been somewhat weathered by the smoke-laden Borough air. But at last, after over two hundred years of anonymity, our identity is now unmistakably disclosed !

GUY'S DIARY

JUNE

		Exhibition. Surgical Department. *The Maintenance of Nutrition.*
15th	1.00.	Mr. T. L. T. Lewis. Clinical Lecture. *Heart Disease in Pregnancy.*
16th	12.00.	Professor M. A. Rushton. Dental Clinical Lecture. *Some Bone Diseases affecting Teeth and Jaws.*
	1.00.	Dr. Donald Hunter (The London Hospital). Clinical Lecture. *Prevention of Occupational Diseases.*
17th	4.45.	Dr. Maurice Campbell. Science Club Annual General Meeting. *Congenital Heart Disease.* Staff Common Room. (Tea 4.30 p.m.).
18th	12.00.	Mr. Leonard Willmore. Dental Clinical Lecture. *The Scope of Speech Therapy.* Illustrated by recordings.
	5.00.	X-ray Meeting. Gordon Museum.
19th	1.00.	Dr. Ralph Kauntze. Clinical Lecture.
22nd	1.00.	Dr. Christopher Hardwick. Clinical Lecture.
23rd	12.00.	Mr. J. W. Mansie. Dental Clinical Lecture. *Theory and Practice.*
	1.00.	Professor W. R. Spurrell. Clinical Lecture. *Brain and Mind.*
25th	1.00.	Mr. N. L. Eckhoff. Clinical Lecture.
	5.00.	X-ray Meeting. Gordon Museum.
26th	1.00.	Dr. W. J. H. Butterfield. Clinical Lecture. *Medical Aspects of Some Atomic Explosions.*
27th	10.00.	Clinico-Pathological Meeting. Clinical Theatre.
29th	1.00.	Dr. R. D. Hoare. Clinical Lecture. *Calcification in the Brain and Spinal Cord.*

25 Years Ago

From Guy's Hospital Gazette, 16th June, 1928.

A poignant scene—there are many on Derby Day—was witnessed in the evening, when a large crowd of Borough children awaited the return of the Residents' bus, with its attendant pennies, amid as intense an excitement as more fortunate beings in grey tall hats at Epsom earlier in the day had awaited the arrival of their "cool thou's.". But no bus came. Many of the youth of Bermondsey must have gone to bed that night penniless and disillusioned, aware only of the fickleness of men in general and medical men in particular.

50 Years Ago

From Guy's Hospital Gazette, 6th June, 1903.

GILMOUR'S OATMEAL STOUT

When subjected to analysis, this was found to be exceedingly well aerated ; the amount of alcohol was well up to the average ; no preservatives were present. The specific gravity was rather low, as was also that of the "original wort". No arsenic was present. All the results obtained by analysis shewed this to be a good, wholesome beverage. Trying the stout practically all those who took it approved very highly of it, and several patients are still taking it with great gusto. In convalescents who like beers it is an excellent and reliable drink.

(*The practice of submitting samples of beverages to the Editor for analytical comment has now, unhappily, fallen into desuetude.*)

AN HISTORIC APPROACH TO RESTORATIVE DENTISTRY

A Thesis submitted for the Newland Pedley Examination, 1952, *and presented to the Dental Society on 5th December*, 1952.
Published by kind permission of the Dental Council.

By ROBERT H. POWNALL, B.D.S. (LOND.), L.D.S.R.C.S. (ENG.)

THE object of this thesis is to illustrate the methods used in replacing partially and completely lost anterior teeth from the earliest times, showing how methods improved with the introduction and discovery of more advanced materials and the adaptation of mechanical aids to the science and art of Dentistry.

Since the beginning of time man has sought ways in which to beautify himself and to replace those natural adornments which through one reason or another were lost. The earliest mention of remedies for prevention of dental loss is to be found in the Ebers papyrus, a collection of ancient medical law dating from 3,000 B.C. There is a great deal of controversy as to the earliest examples of prosthetic dentistry.

George H. Perine in the New England Journal of Dentistry, 1883, Volume 2, page 162, states : " Both filled and artificial teeth have been found in the mouths of Egyptain mummies, the cavities in the former stopped with gold and in some cases with gilded wood. Whether these fillings were inserted during life for the purpose of preserving teeth, or after death for ornamentation, it is of course impossible to say." Mr. Purland in the Quarterly Journal of Dental Science, 1857, Volume 1, page 63, states : " I am in possession of a tooth found pivoted to a stump in the head of a mummy . . . "

Although there are numerous references to stoppings and artificial teeth in the literature, there is no authentic proof that the Egyptians used prosthetic appliances in life. It is thought that the articles and restorations found were part of the ornamentation of the dead practised in those times. Marc A. Ruffer, Guerini and others have been able to find no evidence of operative procedures, prosthetic art or dental surgery in Egyptian skulls.

The earliest known appliance is mentioned in Renan's Mission de Phénicie. In 1862 there was found at the Necropolis of Saida (the ancient Sidon) " a part of the upper jaw of a woman with two canines and the four incisors united together with gold wire ; two of the incisors would appear to have belonged to another individual, and to have been applied as substitutes for lost teeth. This piece, discovered in one of the most ancient tombs of the Necropolis, proves that dental art in Saida was sufficiently advanced."

The Phœnecian civilization was at its height at about 1,000 B.C. so that some time before 1,000 B.C. the first attempt at restoring lost teeth had been made. In the Talmud of Hebrews, written about 400–300 B.C., reference is made to the " Shen Thothebeth ", or inserted tooth of metal or wood, and " Schen Zahav ", a gold or silver shell crown fashioned to cover a mutilated or blackened natural tooth. Here we have the first reference to a crown, a covering for a natural tooth.

The loss of a tooth was regarded as extremely serious in ancient times ; there are many references in the Old Testament to the outlook on teeth.

In Exodus, Chapter 21, Verse 24 : " Eye for an eye, tooth for a tooth, hand for a hand, foot for a foot ", illustrates that the loss of a tooth was regarded seriously.

Solomon regarded a fine set of teeth as a thing of beauty and in the Song of Solomon, (4 : 3 :), " Thy teeth are like a flock of sheep that are even shorn, which come up from the washing, where oft every one bears twins, and none is barren among them."

The earliest dental appliance about which there is no controversy is in the Civic Museum of Corneto, Italy. It is an Etruscan dental appliance, the earliest known example of bridge work dating from 754 B.C. The bridge replaces the two upper central incisors, the upper left lateral and the upper left second pre-molar, and was fixed to the right lateral and canine, left canine, first premolar and first molar. The method of fixing was by gold bands round the natural and artificial teeth, soldered one to the other ; the substitutes being riveted to the bands. The upper left second premolar is now missing but the upper central incisors and left lateral are replaced with an incisor of a fœtal calf grooved down the middle to simulate the appearance of two teeth. Another Etruscan appliance of about the same period, also in the Museum at Corneto, is a bridge fixed to three natural teeth, supplying two artificial teeth. It is constructed from two bands, one labial, one lingual, soldered at the extremities and divided by four partitions of gold soldered to the labial and lingual bands, making five spaces. It is made so that the gum does not bear any weight. The artificial substitutes were human teeth riveted to the bridge.

Martial, 40–101 A.D., was the first to mention artificial teeth carved from bone or ivory. Thus the first attempt at replacing complete loss of anterior teeth was by the substitution of human teeth and later on by teeth carved from bone and ivory to represent the natural teeth, as some people may have objected to teeth from the dead being used in their mouths.

Dental art must have been quite advanced by this time as a bridge with a crown attached, attributed to the Romans, can be seen in the Museum of Pope Julius in Rome. Guerini describes it as two plates of gold stamped out, representing respectively lingual and labial superficies of the middle lower incisor, these two pieces soldered together to form the crown of the tooth at its base. The crown is soldered back and front to a narrow strip of gold which folds back on itself at each end so as to encircle two neighbouring teeth, on the right and on the left, which thus serve as supports to the appliance. That removable appliances were made, (either full mouth or partial dentures is not known), is inferred from the writings of Horace, who lived before Martial, in referring to two witches :

" You would have laughed to see those two old witches run towards the tower, losing in their flight, Canidida, her false teeth, Sagiana, her false hair." *Horat. Sat. viii lib. i.*

Dental art advanced very little, if at all, until Abulcassis (1050–1152), the renowned Arabian surgeon mentioned the replantation of teeth and described a method of holding artificial teeth in place by gold wire wound round the artificial teeth of ox bone and the natural ones. Giovanni of Arcoli (Joanes Arculanus), died 1484, was the first writer to mention the use of gold leaf as a filling. It is inferred from the off-hand way in which he mentions it that it had been in use for some time. In 1531, a book published in Germany, " *Zahnarzneybucklein* ", referred to Mesue, surgeon to Caliph Haroun Al Raschid, 780–809 A.D., stating that he had described the filling of carious teeth with

gold, so that we can presume that gold leaf had been in use since the 9th century at least.

Ambroise Paré, (1517–1592), was the first to mention transplantation, whereby an offending tooth is removed and immediately replaced by a tooth from the head of another person. He was the first to realise that loss of anterior teeth constituted a deformity and could also cause defects in speech. He advises that when the gums were hardened artificial teeth carved from bone, ivory or walrus tooth are placed in the space and tied with gold or silver wire to the neighbouring teeth.

That crown work was possible is suggested by the " Hoax of the Golden Tooth " perpetrated in 1593, at Schweidnitz, in Silesia.

" It appears that the tooth (a molar) was covered with a plate lamina skillfully wrought of the best gold and the gold was let down so deep in the gums so that the cheat was not observed."

Mathias Gottfried Purmann, (1648–1721), was the first to use models. It would appear that a model of a prosthetic appliance was made in wax and when this fitted the mouth accurately and reproduced the particular conditions of the teeth, it was passed to a craftsman to reproduce in bone or ivory.

Up to the 16th century there is evidence of complete loss of anterior teeth being replaced by artificial substitutes carved from bone or ivory and either fixed by gold wires or bands to the natural teeth in the form of a bridge, or a removable appliance fitting the gums, the teeth and base carved from one piece of ivory or bone.

The first mention of synthetic teeth is made by Pierre Dionis in " *Cours d'operations de Chirurgie* ", published in 1716. He says :

" One Guillemeau made artificial teeth of his own invention obtained by the fusing together of white wax, gum elemi and then adding ground mastic, powder of white coral and of pearls."

He says that these teeth never became yellow and that the composition was also very good for stopping decayed teeth. It is thought that it might have been very good for stopping but would hardly have been of sufficient permanence for artificial teeth.

Lorenz Heister, (1683–1758), was the first to mention removable prosthetic appliances which were kept in place solely by their form and close adaption to the gums.

The evils of badly constructed bridge work were seen as early as 1725 when Johann Adolf Goritz related how one artificial tooth, wired to its neighbours, made them loose and they in turn were wired to others so that six teeth were involved. At last it became necessary to extract all six and to replace the void by a partial prosthesis of hippopotamus tusk. He did not think this would be very effective either !

The first real improvement in crown and bridge work dates from the 18th century. Pierre Fauchard, (1690–1771), in his book " *Le Chirurgien Dentist* " written in 1723, published in 1728, says in his preface :

" I have perfected and even invented many artificial pieces whether to replace some teeth or a total loss, and these pieces restore so well that they serve perfectly all the functions of the natural teeth."

He mentions transplantation of a tooth to replace one lost but does not think that the replacement need be of recent extraction. He makes notches in the root of the tooth and ligatures it to the

neighbouring teeth. He describes and illustrates a bridge whereby a gold plate is let into the backs of the artificial teeth, riveted to them, and then fixed to the natural teeth into a prepared groove and riveted.

He also restored the partial loss of anterior teeth in which the crown or part of a crown had been lost and described a restoration, although crude, closely resembling the methods in use at the present day.

" When one wishes to apply an artificial crown to the root of a natural tooth, one files away that part of the root which emerges above the gum, and even more if possible, after which one stops the root canal with lead and fits the piece of the artificial tooth (usually a human tooth) to the root in such a manner that they correspond perfectly to each other. One drills one or two holes in the tooth through which to pass the ends of a thread which serves to fasten it to the natural teeth on each side. If the root canal has been very considerably enlarged by the carious process so as to have rendered it necessary to stop it, the root being nevertheless still quite steady, one bores a small hole in the lead with a stilleto as deep and straight as possible, without however penetrating further down than the root canal, the artificial crown is then united to the root by a pivot."

He says that if the root is still sensitive, one should apply a cautery inside the root canal before fixing the crown to the root. He used a cement rather like sealing wax, of gum lac, Venetian turpentine and powdered white coral, which had to be heated to make it flow. He also describes bridge work when, if there are no crowns to which to fit the appliance, but only roots, he drills holes in the appliance, corresponding to the root canals, and fixes it with pyramidal screws.

Mouton (1746) was the first to write about " calottes d'or ", or gold crowns to preserve teeth. He used this method for molars as well as anterior teeth but in the latter case he had them enamelled to simulate the natural colour. He is credited with being the first to speak of fixing artificial teeth to natural ones by the use of springs (clasps).

A great step forward was made in 1756 when Phillip Pfaff, dentist to Frederick the Great, introduced plaster models of the mouth Wax casts of the jaw were taken in two pieces to reproduce under-cuts, reunited outside the mouth and plaster models poured. Bourdet (1757) made prosthetic appliances, attached to the neighbouring teeth with lateral clasps, made of a gold base fitting direct to the gum, covered with flesh-coloured enamel, with the teeth fixed to this artificial alveolus with pins.

Adam Anton Brunner published some work in Germany in 1766 and described a rather heroic method, considering there were no anæsthetics available, of fixing an artificial crown to a root by screwing the pivot to the artificial crown and perforating the root canal sufficiently to admit the other end of the pivot and then driving this into the root canal with little strokes of a hammer, it not being necessary to use cement.

John Hunter, born 1728, stressed the importance of cauterising the root canal, also mentioned by Fauchard in 1728, but emphasised that the diseased pulp should be destroyed entirely and cauterised to the apex, and stated that this was indispensible to the success of the filling carried out later on. Alternatively, he recommended extracting the tooth and boiling to destroy its vitality entirely, and replanting.

A great impetus to prosthetic dentistry was given in 1788 when Nicholas Dubois de Chemant published an article on synthetic teeth. The chemist Duchateau thought of using porcelain for complete

artificial dentures. He collaborated with de Chemant in the practical application of this idea and when de Chemant published his article in 1788 he (de Chemant) had, by this time, made full dentures and partial prosthetic appliances. De Chemant came to London in 1792 and applied for a patent for the manufacture of dentures in a mineral paste. He mentions, when describing the properties of his mineral paste, its use for an individual tooth restoration although the credit for introducing individual porcelain teeth must go to Fonzi, an Italian practising in Paris, when in 1806 he produced terro-metalic teeth, they being single porcelain teeth with small hooks of platinum to be embedded in a base.

The 19th century can be rightly termed the Age of Progress as far as dentistry is concerned. The beginning saw the introduction of mineral teeth and in the end the cast gold inlay. Dental art had very slowly progressed since 3,000 B.C. and it was in the 19th century so many improvements were made in materials and technique. Up to the 19th century artificial resotrations had been partial appliances, carved in one piece from bone or ivory and ligatured to the neighbouring teeth with gold or silver wire, or linen thread ; or natural teeth refitted to bases of bone, ivory or gold plate. Two interesting examples of removable bridges carrying natural teeth refitted to a carved bone base with spring clasps are to be seen in the Gordon Museum, although it is thought that these were made about the middle of the 19th century.

Porcelain teeth were first imported into America in 1817 by A. A. Plantou of Paris. About 1825 Samuel Stockton, jeweller and tooth importer, commenced manufacture of mineral teeth in America. A nephew, Samuel S. White, was apprenticed to him and in 1844, having made improvements in the translucency and shape of the mineral teeth, commenced manufacture on his own account.

In England, Claudius Ash had commenced life as a silversmith ; he was asked to make a denture by a dentist friend in 1820 and so started what has resulted in the firm of Claudius Ash & Sons, dental manufacturers known the world over. He commenced by using human teeth or ivory or hippopotamus tusks. With the introduction of mineral teeth, so-called " French beans ", he desired to make a better tooth and commenced manufacture in England about 1830.

The Ash tube tooth, first introduced in 1840 for attachment to a bone or ivory base, was also used for the crowning of teeth. A pivot of hickory wood was placed through the tooth into the root canal. The wood often split the root, and/or the porcelain, and an improvement was the substitution of a gold dowel for the hickory wood. This was the first attempt at using a porcelain tooth to replace a lost crown.

In 1844 Horace Wells, dentist, discovered the anæsthetic effects produced by inhaling nitrous oxide and on Wednesday morning, 11th December, 1844, was the first patient on whom an extraction under inhalation anæsthesia was performed. In the same year impressions of the mouth were taken in plaster of Paris by Westcott.

In 1851 Nelson Goodyear was granted a patent for the production of vulcanite and in 1859 P. G. C. Hunt was the first to attach porcelain teeth to a vulcanite base. Here we have, a century ago, the beginnings of that dream, " Teeth for the Millions ". Here were the means of extracting teeth painlessly, taking accurate impressions of the mouth

in plaster and fixing porcelain teeth to a vulcanite base adapted to fit the tissues of the mouth. All this was possible in the seven years between 1844 and 1851, but not put into effect until 1859.

An attempt to improve the Ash tube tooth, used as a crown, was the Foster crown in 1855. This was a porcelain tooth with a flat base and a perforation, through which a pivot was screwed into wood previously inserted in the root canal, fixing the crown to the root. This left the lingual part of the root uncovered, an undesirable feature. In the same year, Dr. Robert Arthur discovered the cohesive properties of pure gold foil, and in 1856 M. Sorel, a French architect, introduced the zinc oxychloride cement. For the first time an effective cement with good adhesive properties had been introduced to the dental profession but unfortunately this proved irritant to the pulp often resulting in the death of the tooth. It was not until 1878 that zinc-oxyphosphate cement was placed on the market by Rostaing Bros. of Germany and was called " Dentinogen ".

In 1864 Sanford C. Barnum suggested the use of rubber dam to keep moisture from the teeth and for the first time it became possible to restore missing tips and corners of anterior teeth. Although I can discover no evidence that this was practised, dentists had all the means at their disposal for performing this operation, i.e., cohesive gold (1855), rubber dam (1864) and the introduction of hand drills and angle pieces in 1838, the first motor-driven engine by George F. Harrington of England in 1864, the latter device a key winding spring motor, the pneumatic hand drill by G. F. Green in 1869 and the electrical burring engine in 1870, also by G. F. Green enabled cavity preparation with essential retentive devices.

In 1866 a cast aluminium base with porcelain teeth set in vulcanite was introduced by James B. Bean and he also introduced a crown in which a gold tube with a closed apex was inserted into the root canal and held in position with cohesive gold. A post to which a pin facing had been soldered was inserted into the tube. In the same year B. J. Bing of Paris produced the first fixed bridge in which the pontic was attached to the natural teeth by placing two studs projecting from the pontic—one mesial, one distal—into cavities prepared in the adjacent teeth and held in position by plugging cohesive gold foil into the cavities. He was really using principles advocated by Fauchard, but adapting them to a more modern technique.

In 1871 Morrison introduced the foot pedal engine using a flexible shaft, and for the first time it was possible for precision preparation of cavities, root canals and root preparations for the reception of crowns and fillings. Up to this date it had been impossible to secure accurate adaption of the crowns to the roots with consequent food traps and the decay that resulted therefrom.

In 1878 the introduction of the Richmond crown was the first to overcome the criticisms of its predecessors. This had a gold band round the root soldered to a gold diaphragm over the root surface, in turn soldered to the dowel, the pin facing being soldered to the post. Thus, there were no ledges or spaces for food traps and the lingual contour was reproduced in solder. The collar was a source of irritation to the gum. In 1883 James Dexter produced removable appliances depending upon prepared abutments and attachments, the attachment being in the form of a cap plate and possessing the desired

feature of cleanliness. A. E. Matteson introduced the " open face " crown in 1883, a porcelain facing with metal backing : the fore-runner of the modern jacket crown. A year later the Logan crown was introduced. This consisted of a platinum dowel to which a porcelain tooth had been fused. This was considerably simpler and less time-consuming than the more complicated Richmond crown and became the more popular of the two.

In 1885 G. V. Black published the " *Physical Character of Filling Materials* " and gave the formula for amalgam (first introduced in 1826 by M. Taveau of Paris) to the profession. Until Black had investigated the properties of amalgam it had always been unsatisfactory material due to the erratic expansion and contraction that took place and was held in great disrepute until 1885. Black's formula has remained practically unchanged until the present day.

Prior to 1883, all crowns were post crowns used in devitalised teeth. In 1886 C. H. Land introduced the first porcelain jacket crown. With partial loss of an anterior tooth, presumably by decay or trauma, the end of the tooth was shaped to the gingival margin, without undercuts, and a platinum matrix adapted to this. A pre-formed porcelain facing was fused to this, the platinum becoming part of the restoration. The porcelain jacket crown as we know it was introduced in its present form in 1920.

In 1857 John Tom of Lambeth, England, introduced an interchangeable facing to replace porcelain teeth lost through fracture. In 1890 Walter L. Mason attempted to manufacture replaceable porcelain facings which carried a longitudinal bar in the porcelain with a slotted backing to receive the bar. These were not a success but in 1904 Thomas Steele, an associate of Mason, reversed the mechanical principle and placed the mortise in the facing and the tenon in the backing. Steele's facings were immediately accepted and facings manufactured today will fit backings first manufactured in 1904.

In 1890 attempts were made to reproduce occlusal gold fillings. A gold foil matrix was adapted to the cavity, removed and soft gold solder flowed into the matrix. A later attempt was made to produce a hollow gold inlay, one plate (swaged) to the cavity and the other plate reproducing the lost surfaces of the tooth, the two soldered together.

In 1891 G. V. Black published his famous " *Extension for Prevention* " Theory and laid down a scientific system of cavity classification and preparation that is in use at the present day. In 1897 Dr. B. F. Philbrook wrote a Paper entitled " *Cast Fillings* ". Prior to this he had made a number of cast gold inlays for his patients but he read his Paper to an audience of rural dentists who were unable to appreciate what had been presented to them.

Porcelain inlays were advocated by J. L. Murphy of London in 1837 and N. S. Jenkins, an American practising in Dresden, Germany, introduced low fusing porcelain in 1898 which made practical, replacement of part of a tooth by a porcelain inlay. The introduction of adhesive zinc oxyphosphate cements in 1878 led many to attempt to grind porcelain to fit prepared cavities, cementing them into place and so avoiding the appearance of gold in the front of the mouth, but it was impossible to grind the porcelain with sufficient accuracy to fit the cavity.

In 1857 the first impression compound was produced by Stent of

England and since then composition impressions with and without a plaster wash had been used until the Green brothers, Peter and Jacob of Missouri, introduced the compound compression impression technique in 1898. Alphonse Poller, an Austrian, introduced " Nogacal ", later called " Denticole ", in 1925. " Nogacal " was an elastic impression material with an agar-agar base, which made it possible to reproduce under-cuts and this, together with Taggart's cast gold inlay technique created an era of removable bridge work. The introduction of methyl methacrylate in 1935 was an improvement over vulcanite æsthetically and was used both for bases and for the manufacture of artificial teeth. It has been used for the restoration of tips, corners and as inlays, crowns and bridges since about 1938. Since the 1939–45 war, low temperature polymerisation materials have made possible the manufacture of the inlay, tip or corner directly onto the tooth.

The first porcelain cement was produced by T. Fletcher of England in 1878 and in 1904 the modern silicate cements were introduced by Steenbok of Berlin. This is a translucent cement producing the natural colour and translucency of the enamel and used for fillings and the replacement of corners in anterior teeth. This, although not a perfect filling material, is used in anterior teeth for æsthetic reasons, but would appear to be in process of being replaced by thermoset resins introduced about 1940.

In 1906, Carmichael introduced the partial gold jacket crown which left the labial surface untouched. This was first made with a wire staple fitting into two slots cut in the tooth over a burnished gold plate, the two united and strengthened with solder. In 1907 the detachable post crown was introduced which made possible the replacement of the crown without disturbing the post in the root.

In 1907 Dr. W. H. Taggart, D.D.S., announced his method of making gold castings using a disappearing wax pattern and graphite investment technic. This revolutionised crown and bridge prosthesis. For the first time it was possible to prepare a cavity and produce a gold filling that would exactly fill that cavity, it being cemented in place by oxyphosphate cement. In the same year centrifugal casting was announced by A. W. Jamieson.

In the 20th century, the restorations in use in the front of the mouth are a logical development of the innovations of the 19th century, by application of new methods and also new materials introduced since 1900. As these methods have been extremely well and adequately described by G. Maggs (1952) in his article " The Methods of Restoration of Partial and Complete Loss of Anterior Teeth ", it is unnecessary to enumerate them in this thesis.

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GUY'S HOSPITAL MUSIC CLUB

CORONATION CONCERT

The recent concert by the Guy's Music Club was notable for some splendid singing by the choir. After the National Anthem, the choir sang the Coronation Anthem from *Zadok the Priest*, by Handel. Although there was some loss of effect from the absence of an orchestra, and by the consequent transfer of the high brilliant trumpet runs to the piano, the choir sang with commendable precision and attack. This defect, and some occasional harshness of tone in no way detracted from the vigour, elation and adulation expressed in the music, and conveyed by the performance.

Their major offering was Brahms' *Requiem*, a most difficult though completely satisfying work to sing, and demanding much sympathy of expression before its beauties will unfold. This performance was most successful, and the audience listened with much pleasure to singing as good as any heard in the Physiology Theatre in recent years. Apart from occasional lapses, when the singers had more regard for their copies than their conductor, Mr. James Gaddarn was in complete control. Without the intricacies, and often the uncertainties of a Music Club orchestra to contend with, he was able to devote his entire energies to achieve cohesion. That there had been much careful rehearsal was evident, and he is to be commended on obtaining such variations in mood, bold attack, and often lovely singing, which the work merits. Brahms had great affection for the alto voice, and in his *Requiem* the alto part requires much warmth of tone to express fully the darker shades of the music, with its poignant moments of comfort mingled with tears. This section of the choir fulfilled their task to the full. Miss Austin-Turtle sang the moving soprano aria with great expression, and was beautifully accompanied with real *piano* singing by the choir. The bass soli were sung by Mr. Kenneth Fawcett, whose sonorous voice set off in full glory the joyful and tremendous fugue of the penultimate chorus. Throughout, the accompaniment was splendidly played by Mr. Geoffrey Baker, always steady, and always safe, and his support gave the choir much added confidence.

As a contrast from the choral works, we heard Mozart's *G Minor Piano Quartet*, played with obvious delight and regard for the essential intimacy of its structure. At times technical difficulties accounted for blemishes in intonation, and for variations in *tempi*, but these defects did not distract unduly, and the performance was eminently enjoyable, a singular achievement. There can be few in the audience who did not wish, as they mentally beat time in the final Rondo, that they, too, were not able to participate in the delights of " making one's own music ", as we were bid by Dr. Vaughan Williams some years back. A.J.S.

UNITED HOSPITALS' FESTIVAL CHOIR

A Coronation Concert in aid of The British Commonwealth and Empire Nurses' War Memorial Fund will be held at the Royal Festival Hall on Wednesday, June 24th, at 7.45 p.m. Handel's *Messiah* will be performed with the London Symphony Orchestra. Tickets may be obtained from the Hon. Secretary, U.H.F.C., Flat 1, 93 Lexham Gardens, W.8. Price 12*s.* 6*d.*, 7*s.* 6*d.*, 5*s* and 3*s.* 6*d.*

UNITED HOSPITALS' SWIMMING GALA

The Annual Gala of the United Hospitals' Swimming Club is being held on Wednesday, 17th June, at the Seymour Hall, at 6.30 p.m. The events will be concluded by a water polo match between United Hospitals and Cambridge University.

The Guy's Hospital Swimming Club, holders of the United Hospitals' Swimming Trophy, hope to see as many supporters from the Hospital as possible.

Tickets at 5*s.*, 3*s.* 6*d.*, 2*s.* 6*d.* and 1*s.* may be obtained from D. A. Coppock, Hon. Sec., Swimming Club, and J. Jeffries, Medical Secretary, Guy's Hospital.

CORRESPONDENCE

Letters to the Editor of the Gazette

Colchester-Ipswich Guy's Dinner

From Mr. H. A. Ripman

SIR,—The first dinner for Guy's men in the Colchester-Ipswich area was held on Friday, May 29th, at the Great White Horse Hotel in Ipswich. Twenty-five of us sat down to dine at 8.15 p.m. and what was generally agreed to be a most enjoyable and successful gathering did not end until almost midnight.

The next dinner will be held in Colchester on Friday, October 9th. Details will, if you permit, sir, be published in these columns, when that date approaches.

Yours, etc.,

HUJOHN RIPMAN.

Red House,
Sproughton, Nr. Ipswich.

Students' Union River Boat Dance

SIR,—Following upon the success of our Coronation Ball, the Students' Union is holding a River Boat Dance on Friday, 26th June. We expect to receive a heavy demand for tickets, therefore may I use your columns to urge those who wish to come to apply for their tickets at the first opportunity, since the capacity of our launch is of course strictly limited ?

Yours, etc.,

R. M. CLARK,
Hon. Secretary,
Guy's Hospital Students' Union Council.

REVIEWS

Surgical Applied Anatomy. By SIR FREDERICK TREVES. 12th edition. Revised by PROF. LAMBERT ROGERS, M.Sc., F.R.C.S., F.R.C.S.E., F.R.A.C.S., F.A.C.S. *Price* 21*s.*

This book contains much information which is of real value in helping to bridge the difficult gap between anatomy in the dissecting room and its application in surgery. The subject matter is well set out and is arranged on a regional basis ; the text is clear and, moreover, reference is made easy by an excellent index.

It suffers, however, from two main disadvantages, length and terminology. The quantity of information which it imparts is obtained at the expense of brevity, and it is difficult to see how the student of today, faced with the curriculum for the final examinations, can have time to read the book with the attention it deserves. On the other hand the detail is insufficient for the needs of postgraduate students of surgery. The terminology throughout differs in many respects from that used in this school, and in some cases a knowledge of anatomy greater than that expected of an undergraduate student is necessary to interpret it.

If it is possible, however, to overcome these difficulties of length and language there is little doubt that the book would repay careful study. M.C.G.

How to Use a Medical Library. By LESLIE T. MORTON, A.L.A. Second edition. Heinemann. *Price* 5*s.*

This small but instructive book gives an account of the leading medical libraries and the principal periodicals and abstracts. It aims to help the medical reader in the use of the enormous mass of literature which yearly joins the shelves of the world's medical libraries.

A useful chapter on catalogues is worth study by all those who, like the reviewer, invariably lose themselves in these essential, but rather cryptic, works. P.S.B.

Clinical Approach to Fevers. By C. J. McSweeney, M.D., F.R.C.P.I., D.P.M. J. & A. Churchill Ltd. *Price* 10*s.* 6*d.*

This little book of 135 pages represents the course of postgraduate lectures given by the superintendent of a Dublin fever hospital. It is neither a textbook nor a synopsis, but includes a considerable amount of practical information and advice under such headings as "croup", "acute throats" and "diarrhœa in infancy." The style is colloquial and makes for easy reading. The subject matter includes not only "fevers" in the usual sense, but a number of other conditions which are liable to find their way into fever hospitals such as atypical pneumonia, infective endocarditis and tuberculous peritonitis. Unfortunately the latter tend to be dealt with in a somewhat scrappy and dogmatic fashion and might perhaps have been better omitted from a work of this sort. For example it seems strange that a book which is sufficiently up-to-date to mention the use of a drug like terramycin should on the other hand recommend for the treatment of sub-acute bacterial endocarditis a dosage of Penicillin (500,000 units daily for 28 days) which has for several years been widely considered inadequate.

There is a particularly useful discussion on the differential diagnosis of various rashes such as those of measles, chicken pox and smallpox. T.B.B.

Aids to Tuberculosis Nursing. 4th edition. Baillière, Tindall & Cox. *Price* 6*s.*

In this small book all aspects of Tuberculosis Nursing are dealt with in a most interesting manner.

In this new edition the practical use of B.C.G. and Chemotherapy is discussed in more detail. Much of the chapter on minor operations and treatments in Collapse Therapy has been written with greater clarity. General principles rather than detailed nursing is given in the enlarged section on major surgery, which now includes a chapter on excision of lung, decortication of the pleura and plombage therapy. Reports of Mass Radiography and up-to-date statistics add to the wide range of interest.

Student nurses in general hospitals will find this book most helpful and it is hoped that many may find in the author's enthusiasm and obvious appreciation of the nursing staff in Sanatoria sufficient stimulus to enlarge their practical knowledge in this field. E.M.J.

Aids to Materia Medica for Nurses. By Amy E. A. Squibbs, S.R.N., D.N.(Lond.). 4th edition. Baillière, Tindall & Cox. *Price* 6*s.*

This is the fourth edition of a textbook for nurses, the use of which has become well established since it was first published in 1941. The text is well set out, though perhaps the drawing of plants, which are not very clear, could have been omitted. The introduction and the chapter on the Administration of Drugs are particularly valuable and there are several useful appendices.

One or two points are perhaps worthy of mention. In a textbook of limited size, might not some of the older drugs which are not now in common use, for example, Jalap and Croton oil, be relegated to a suitable appendix ? Also, as nurses are not required to learn dosages of drugs by heart, is the duplication of dosages in the text and appendix of much value ? Although it is difficult for a work of this type to be completely up to date, some mention might have been made of the toxic effects of Chloramphenicol.

I am sure that nurses will continue to find this a most useful and valuable textbook. M.G.S.

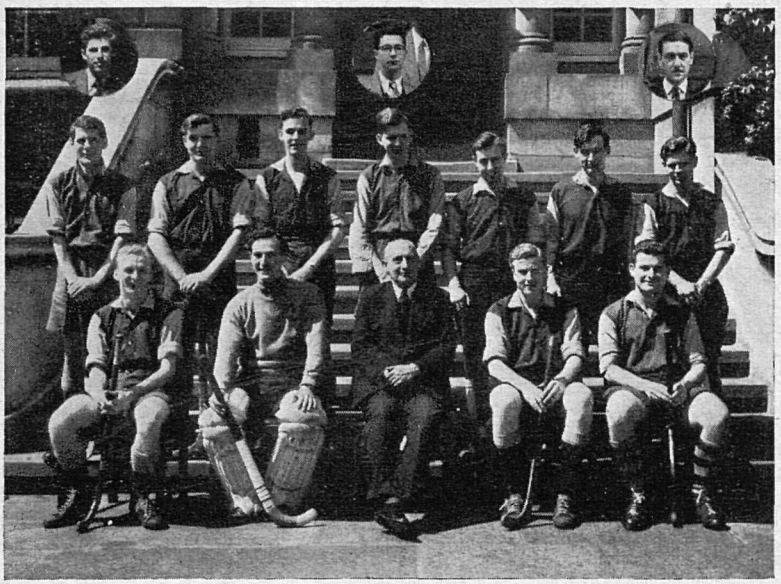
Aids to Anatomy and Physiology for Nurses. By Katherine Armstrong, S.R.N., S.C.M., D.N.(Lond.). 5th edition. Baillière, Tindall & Cox. *Price* 6*s.*

This volume is the 5th edition of a series that started in 1939 and has been in general use ever since. It not only covers the Syllabus of the General Nursing Council but, as in previous editions, includes specially marked paragraphs for further study. The text is clear and well explained, though even the unstarred paragraphs sometimes contain more detail than the nurse may require at the beginning of her training.

The diagrams are good, though two, one representing the Autonomic Nervous System and another representing the Hip Joint do not reach the general standard. However, the nurse will find this book most valuable to her at all stages of her career. M.G.S.

SPORT

GUY'S HOSPITAL HOCKEY CLUB 2nd XI
Winners of the Inter-Hospitals' Junior Cup Competition, 1952–53



Standing L–R). *D. M. Ackery, K. B. Tyrer, J. Metcalf, P. J. Willard, M. J. Woodman, W. A. Cahill, N. H. Clarke.*

Sitting. *W. R. O. Eggington, G. M. Morris (Captain), A. D. Marston, Esq. (President) E. R. Gibbons, J. M. Cautley.*

Insets. *M. H. Cox, B. S. Cryer, R. Park.*

ATHLETICS

Guy's have, so far this season, competed in and won seven club matches. This brings their record since 30th May, 1951 to nineteen consecutive club matches without defeat—a truly excellent performance. Congratulations to J. R. Groves who won his place in the London University team this season, competing against Paris University at Paris, and in other University matches. The club is indebted to Mr. H. Kirby whose hard work produced an excellent 440-yds. track on the small field at Honor Oak Park. Guy's were thus able to hold their first ever club athletic meeting at H.O.P. on Thursday, June 4th. It was fitting that this match should have been against St. Mary's and St. Thomas's as we were honoured by the distinguished presence of Roger Bannister, who was competing for St. Mary's. The growing numbers of supporters is evidence that athletics is at last winning its rightful place among the hospital sports.

Match Results :

		POINTS
May 2nd at Harlington		
1st	Guy's	41
2nd	University College	36
3rd	Imperial College	32
May 6th at Ladywell		
1st	Guy's	79
2nd	St. Bartholomew's Hospital	72
3rd	Westminster Hospital	71
May 13th at Cobham		
1st	Guy's	68
2nd	St. Thomas's Hospital	28
May 16th at Battersea		
1st	Guy's	90
2nd	King's College	57
3rd	London School of Economics	17
May 20th at Walthamstow		
1st	Guy's	47
2nd	London Hospital	43
3rd	Westminster Hospital	27
June 4th at H.O.P.		
1st	Guy's	124
2nd	St. Mary's Hospital	93
3rd	St. Thomas's Hospital	46
June 6th at Sandhurst		
1st	Guy's	74
2nd	Royal Military Academy 2nd team	61

An account of the Guy's Sports held on May 30th will be published in our next issue.

CRICKET

Guy's *v.* Chislehurst

At Chislehurst. Result : Won by 35 runs
23rd May, 1953

Guy's

N. Cooke, c. Beale, b. Roberts	17
W. Howells, b. Roberts	30
R. Gibbons, c. Perry, b. Roberts	14
D. Allan, b. West	11
M. Williams, c. & b. Beale	14
M. Mackenzie, b. Barker	9
D. Wooding, c. Mayhew, b. West	8
H. Bissoon-Dath, b. Barker	10
D. Atkinson, c. Dent, b. Barker	4
M. Willis, not out	3
F. Trist, b. Perry	3
Extras	7
Total	130
Chislehurst	95

Bowling :	O.	M.	R.	W.
Trist	9	1	19	2
Atkinson	4	1	5	0
Mackenzie	15	4	33	5
Bissoon-Dath	9·5	1	28	3

Guy's *v.* Crofton Park

At H.O.P. Result : Lost by 5 wickets
25th May, 1953

Guy's

N. Cooke, c. Williams, b. Martindale	11
W. Howells, l.b.w., b. Winter	22
R. Gibbons, c. Bishop, b. Martindale	14
D. Allen, st. Nankeville, b. Winter	8
M. Williams, c. Williams, b. Winter	1
M. Mackenzie, c. Williams, b. Martindale	21
D. Atkinson, b. Winter	0
D. Tunnadine, not out	22
D. Wooding, l.b.w., b. Bishop	10
F. Trist, c. Uttar, b. Bishop	12
M. Willis, b. Martindale	0
Extras	7
Total	128
Crofton Park, for 5 wickets	130

Bowling :	O.	M.	R.	W.
Trist	6	1	17	1
Atkinson	9	1	21	0
Mackenzie	16	2	57	1
Willis	11	3	29	3

Guy's *v.* Eltham Strollers

At H.O.P. Result : Won by 70 runs
31st May, 1953

Guy's

N. Cooke, c. Orwin, b. Davey	46
W. Howells, c. & b. Salt	51
D. Lipington, c. & b. Davey	0
M. Williams, l.b.w., b. Salt	2
F. Trist, b. Davey	9
D. Tunnadine, not out	47
K. Tyrer, b. Davey	0
H. Bissoon-Dath, c. & b. Woodlands	28
D. Wooding did not bat	
T. Smith " " "	
N. Labuschagne " " "	
Extras	10
Total, for 7 wickets	193
Eltham Strollers	123

Bowling :	O.	M.	R.	W.
Labuschagne	11	3	30	1
Smith	9·4	1	24	3
Trist	8	2	24	2
Bissoon-Dath	10	1	33	3

Inter-Hospitals' Cup. 2nd Round
Guy's *v.* St. Thomas's

At Cobham

Due to Coronation traffic and the coach driver's lack of knowledge regarding the route, Guy's arrived at Cobham one hour late.

St. Thomas's claimed the match. This they were entitled to do under U.H.C.C. rules.

Guy's *v.* Orsett

At H.O.P. Result : Won by 6 wickets
6th June, 1953

Guy's

N. Cooke, b. Bannister	69
W. Howells, b. Chinnery	6
D. Lipington, b. Oxley	25
R. Elsdon-Dew, run out	6
R. Gibbons, not out	8
M. Mackenzie, not out	0
D. Tunnadine did not bat	
H. Bissoon-Dath " " "	
K. Gray " " "	
D. Atkinson " " "	
M. Willis " " "	
Extras	4
Total, for 4 wickets	118
Orsett	117

Bowling :	O.	M.	R.	W.
K. Gray	12	4	22	2
D. Atkinson	4	4	0	0
M. Mackenzie	13	2	38	5
M. Willis	6	1	13	1
H. Bissoon-Dath	3·2	0	26	2

LAWN TENNIS CLUB

Guy's played University College in the Semi-Final of the University of London Cup on Sunday, June 7th, at Shenley.

The Hospital were narrowly defeated 5–4. This was their first defeat of the season against a side whose members frequently comprise the University team. The Guy's 1st pair, Frost and Quant unfortunately ran into a very bad patch and won only one match, that against the U.C. 3rd pair. Bullard and Osborn played steadily throughout the afternoon and after narrowly losing their first match in three sets went on to beat the U.C. 1st and 3rd pair.

Biddle and Elsdon-Dew played magnificently taking all the U.C. pairs to three sets and beating their opposite number.

Frost and Quant	1—2
Bullard and Osborn	2—1
Biddle and Elsdon-Dew	1—2
	4—5

NURSES' LAWN TENNIS

Guy's *v.* Lewisham

Away. Result : Won by Guy's

A. 6—4 6—2 6—3.
B. 6—2

Team :

Sister Palmer, Nurse Hybart.
Nurse Taylor, Nurse Oates.

LAWN TENNIS

Ladies' Inter-Hospitals' Cup. 1st Round

Guy's *v.* Middlesex
20th May, 1953

Result : Won 5—4

2nd Round

Guy's *v.* St. Mary's
June 7th, 1953

Result : Won 7—2

ROWING

A Maiden Four was entered in Walton Regatta on Friday, 5th June. Unfortunately Guy's were drawn against Strode School in the first heat, who eventually won the event.

Losing by only one length over half a mile, the crew must be congratulated on such a fine performance, and wish them better luck next time.

The time of the winning crew was 2 mins. 43 secs.—Guy's time 2 mins. 45 secs.

Crew : Bow I. D. Simpson
2. I. McColl
3. R. E. Farmer
Stroke P. Jackson
Cox M. W. Cooksey

GUY'S HOSPITAL MOTORING CLUB

The fifth and last event of the Club's season will be held on Saturday, 20th June, at 6.15 p.m. Starting at the "Marquis of Granby", Esher, Surrey, the event will be a 60-mile rally using sheet 170, 1″ Ordnance Survey Map. Entries, 5*s.* per vehicle and a three course dinner 3*s.* 6*d.* per person, close on Friday, 12th June.

Members Dr. Snow (Vauxhall Velox) and J. Billison (Ford Prefect) gained first class awards in the University of London and United Hospitals' Motoring Club's rally.

After four events the placings for the Drivers' Annual Trophy are :—

1st Dr. R. Snow. 2nd J. Rafferty.
3rd I. Simpson. 4th W. Airey.

S. C. Jack is leading for the Navigator's Annual Trophy.

HOSPITAL INFORMATION

CORONATION HONOURS

K.C.M.G.

Lieut.-General Sir James Bennett Hance, K.C.I.E., O.B.E., M.D.Cantab., F.R.C.S.E.

C.B. (Military)

Major-General Frederick Knowles Escritt, O.B.E., M.R.C.S., Q.H.S.

C.B.E. (Civil)

Archibald Daniel Marston, F.R.C.S., F.F.A.R.C.S.

Dorothy M. Smith, O.B.E., S.R.N., S.C.M.

O.B.E. (Civil)

Charles Anthony Boucher, D.M.Oxon., D.P.H.

William John Hughes Butterfield, M.D.(Johns Hopkins), B.M.Oxon, M.R.C.P.

Henry Richards, M.B.Lond.

Coronation Medal

Dorothy L. Holland, S.R.N., D.N., S.C.M.

HOUSE APPOINTMENTS

Assistant House Surgeons

To :

Mr. Blackburn : Mr. R. H. Farrell
Mr. Lawrie : Mr. I. C. Fuller
Appointed for six months, the first three as A.H.S.

Mr. Glover : Mr. W. M. S. Boyd
3 *months*

Mr. Brain : Mr. J. A. Jemson
Appointed for six months, the first three as A.H.S.

Assistant House Physicians

To :

Sir J. Conybeare, Dr. Hardwick & Dr. Campbell } Mr. A. H. Vaughan
Appointed for six months, the first three as A.H.P.

Dr. Douthwaite, Dr. Mann & Dr. Bishop : } Mr. G. Evans
Dr. Boland, Dr. Baker & Dr. MacLean : } Mr. G. L. Money
3 *months*

Dr. Hampson, Dr. Kauntze & Dr. Grant : } Mr. R. Y. Calne
Appointed for six months, the first three as A.H.P.

Out-Patient Officers

Mr. F. A. F. Biddle
Mr. K. J. Zilkha
Mr. B. A. Tudgay
Mr. P. G. Dunbar
Mr. B. Pigott
} 3 *months*

House Appointments continued—

House Surgeons
To :
Mr. Massie : Mr. M. H. H. Bishop
3 *months*
Mr. Eckhoff : Mr. J. A. D. Briggs
6 *months*
Mr. Atkins : Mr. P. K. M. Barrett
3 *months*
Mr. Wass : Mr. G. L. S. Rankin
6 *months*

House Physicians
To :
Sir J. Conybeare, Dr. Hardwick & Dr. Campbell : } Mr. C. T. M. Wilson
6 *months*

Dr. Douthwaite, Dr. Mann & Dr. Bishop : } Mr. W. D. Hayley
3 *months*

Dr. Boland, Dr. Baker & Dr. MacLean : } Miss J. E. Brett
3 *months*

Dr. Hampson, Dr. Kauntze & Dr. Grant : } Mr. J. Ernsting
6 *months*

Resident Obstetricians
1.1.53—30. 6.53 : Mr. D. C. Wilkins
1.3.53—31. 8.53 : Mr. P. F. A. Crawshaw
1.5.53—31.10.53 : Mr. M. J. Hunter
1.7.53—31.12.53 : Mr. G. B. Davison

Ophthalmic House Surgeon
(Non-Resident)
Mr. S. B. Kapur 3 *months*

Throat and Ear House Surgeon
Mr. S. C. C. Scott
3 *months Guy's*, 3 *months Orpington*

Dermatological House Physician
(Non-Resident)
Mr. J. S. Norell 6 *months*

Neurological House Physician
Mr. D. A. F. McGill 3 *months*

Genito-Urinary House Surgeon
Mr. P. J. Dwyer 3 *months*

Children's House Physicians
Mr. D. M. E. Allan 3 *months*
Mr. J. Liddell 6 *months*

House Surgeon to the Thoracic Unit
Mr. J. H. Kerr 6 *months*

House Physicians to Department of Medicine and Resident Junior Clinical Pathologists
Mr. R. H. R. White 3 *months*
Mr. A. J. Smith 6 *months*

House Physicians in the York Clinic
Mr. P. S. Elias 3 *months*
Mr. C. P. B. Brook 6 *months*

Resident Anæsthetists
7.1.53— 6.7.53 : Mr. M. P. Coplans
20.3.53—17.9.53 : Mr. J. A. Thornton
7.7.53— 6.1.54 : Mr. L. J. Bishop

R.M.Os., Nuffield House
18.3.53—19. 9.53 : Mr. W. M. E. Tweed
8.4.53— 7.10.53 : Mr. O. L. Thomas

ORPINGTON HOSPITAL

House Surgeons
Mr. J. F. Pritchard
Mr. R. C. Francis

Orthopædic House Surgeon
Mr. A. D. Tuddenham

Throat and Ear House Surgeon
Mr. K. Kelly 6 *months*

PEMBURY HOSPITAL

House Surgeons
Mr. E. R. Lester
Mr. P. D. Bowen

Resident Anæsthetist
Vacant

LEWISHAM HOSPITAL

Obstetric and Gynæcological House Surgeon
Mr. I. E. Gurner

House Physician
Mr. M. K. Strelling

House Surgeon
Miss D. J. Whitney

ST. JOHN'S HOSPITAL LEWISHAM

House Physician
Mr. T. B. Stephen

House Surgeon
Mr. M. A. Ness

ST. OLAVE'S HOSPITAL

House Surgeon
Mr. P. O. Hirsch

QUEEN MARY'S HOSPITAL, SIDCUP

House Surgeons
Mr. K. Scott
Miss S. M. Forbes

House Surgeon in General Surgery and Gynæcology
Mr. G. M. Karpusheff

NEW CROSS HOSPITAL

House Officer
Mr. K. P. Rau 3 *months*

PASS LIST

UNIVERSITY OF LONDON

Third (M.B., B.S.) Examination for Medical Degrees

April, 1953

Honours

R. Y. Calne (Distinguished in Medicine)

J. L. Turk (Distinguished in Surgery)

Pass

D. P. Adamson
B. L. Anderson
Anne Booth
P. D. Bowen
W. M. S. Boyd
P. Cook
A. G. F. Dominick
D. V. Duckworth
P. G. Dunbar
R. H. Farrell
Sheila M. Forbes
I. C. Fuller
I. E. Gurner
E. C. Howarth
J. C. Jelleyman
J. A. Jemson
K. Kelly
E. R. Lester
A. G. McCallum
E. N. McKenzie
G. L. Money
M. A. Ness
J. S. Norell
L. C. Oliver
Pamela M. Ordish
Nancy M. Page
Helen L. M. Partridge
P. B. Poole
J. D. Pryce
C. H. J. Rey
J. A. C. Rozario
K. Scott
S. C. C. Scott
Sylvia F. R. Smith
T. B. Stephen
M. K. Strelling
B. A. Tudgay
Lesley P. D. Tunnadine
K. J. Zilkha

SUPPLEMENTARY PASS LIST

Part I

J. K. Anderson
M. C. Batcheldor
C. Bishop
J. A. A. Bullard
J. Bullen
P. J. Frost
J. G. P. Hunt
R. F. N. Jones
P. Konfortion
D. B. Longmore
P. A. T. Martin
J. V. Parson
I. F. S. Rae
A. P. O. Stewart
R. W. P. Yates

Part II

F. A. F. Biddle
R. C. Francis
P. O. Hirsch
J. V. Parson
J. H. Peters
Margaret J. Purser
A. A. Roe
R. V. L. Thomas
D. J. Waller
R. Watts
Dorothy J. Whitney

Part III

M. C. Batcheldor
F. A. F. Biddle
T. A. P. Clarke
Gwilym Evans
R. C. Francis
D. Harris
G. J. John
C. E. Lay
H. St. John Mansbridge
R. G. Orr
J. V. Parson
J. K. Price
Margaret J. Purser
A. D. Tuddenham
D. J. Waller
Dorothy J. Whitney

Part IV

M. C. Batcheldor
G. J. R. Clarke
T. A. P. Clarke
W. F. T. Davies
P. O. Hirsch
J. W. Jordan
C. E. Lay
H. St. John Mansbridge
R. G. Orr
J. H. Peters
J. F. Pritchard
A. A. Roe
R. V. L. Thomas

SOCIETY OF APOTHECARIES OF LONDON

Final Examination
May, 1953
Midwifery

J. K. Anderson

GUY'S HOSPITAL MEDICAL SCHOOL

TREASURER'S MEDAL AND PRIZE FOR CLINICAL SURGERY

J. A. Jemson — Medal and Prize
R. Y. Calne — Certificate

TREASURER'S MEDAL AND PRIZE FOR CLINICAL MEDICINE

R. H. Farrell — Medal and Prize
I. C. Fuller — Certificate
Miss M. J. Purser — Certificate

BEANEY PRIZE IN PATHOLOGY

B. H. B. Robinson

GOLDING-BIRD MEDAL AND PRIZE IN OBSTETRICS AND GYNAECOLOGY

M. R. Alderson

MICHAEL HARRIS PRIZE IN ANATOMY

P. J. Stiles

JUNIOR PROFICIENCY PRIZES

P. J. Stiles, P. J. E. Wilson } 1st equal.
C. Angeli, D. M. MacLaren, J. A. Morgan } 3rd equal.

APPOINTMENT

Mr. Gordon W. Garland has been appointed Consultant to the Department of Obstetrics and Gynæcology at St. Thomas's Hospital.

RESEARCH SCHOLARSHIP

I. J. MacQueen, M.B., B.S., has been awarded a British Medical Association Research Scholarship for the period October, 1953, to October, 1954, for research into the response of skeletal muscle to progressive resistance exercise, tenable at Sheffield University.

PAPERS BY GUY'S MEN

Camps, F. E. Discussion on Fitness to Drive a Vehicle. *Proc. R. Soc. Med.*, 1953, **46**, 362.

Cosin, L. Discussion on the Role of Physical Medicine in Geriatric Practice. *Proc. R. Soc. Med.*, 1953, **46**, 340.

Enticknap, J. B. Renal Hæmorrhage in Chronic Pyelonephritis. *J. Path. Bact.*, 1953, **65**, 276.

Keen, M. M. Haygarth House. An Experiment in Health Centre Practice. *Brit. dent. J.*, 1953, **94**, 288.

Plowright, Oliver. Equipment in the Doctor's Surgery. *Practitioner*, 1953, **170**, 594.

Rogers, A. Talbot. The General Practitioner and the Ancillary Services. *Practitioner*, 1953, **170**, 612.

CHANGE OF ADDRESS

D. H. Forsdick, M.B., B.S., 18A, Blackheath Park, S.E.3. Tel. : Lee Green 8634.

BIRTHS

FABRICIUS.—On 8th May, 1953, at Nuffield House, Guy's Hospital, to Norah, wife of John Fabricius, M.B., B.S.—a son.

LEATHERBARROW.—On 27th May, 1953, at Stamford and Rutland Hospital, to Ui, wife of Derrick Leatherbarrow, L.D.S. R.C.S.—a son (Peter Derrick William).

WEBB.—On 11th May, 1953, at Guy's Hospital, to Celia (née Coventry), wife of R. A. J. Webb, M.B., B.S.—a daughter.

DEATH

MOFFAT.—Recently (May), Henry Alford Moffat, D.S.O., B.A., F.R.C.S., of Hermanus, Cape Province, S. Africa.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXVII. No. 1694 27th June 1953 One Shilling

PASSIM

The twilight of calligraphy

OF all the methods by which thought and conversation may be passed from one person to another, two only, until the most modern times, have survived unchallenged : speech and handwriting. Signs and gestures indeed are still used as a means of emphasis where they can be observed by the opposite party, but as absolute procedures they are obsolete, except perhaps on the race course. Picture and hieroglyphic drawing is too tedious : nudges, blows and kicks are too painful—though by no means valueless when conveniently concealed by the dinner table at home. But the arts of speaking and of handwriting have, through centuries, been jointly perfected to such a degree that by a judicious use of capital letters, underlining, and various quasi-pictorial forms of emphasis, it is possible to recapture in large measure from the written page not only the tone of voice, but the nuances of phrasing originally intended by the author's thought or spoken word. A " good hand " was formerly a common and greatly prized achievement.

Today even speech and handwriting are showing distinct signs of decline. Much could be said in criticism of slovenly speech. The insidious habit of carrying on a conversation with such economy of lip movements that a person may contrive to speak with his mouth permanently in the semi-open position, is, doubtless, the result of the deplorable custom of smoking a cigarette and talking at the same moment. This popular habit has nothing ethical, social, artistic or mechanical to commend it.

But it is about the decline of handwriting in particular that comment is pertinent here. Evidence of this decline is nowhere more keenly appreciated than among those appointed as examiners for higher qualifications or in the editorial offices of journals such as our own.

The whole matter as it affects examinations was revived last month by Sir John Conybeare. In a timely letter to the *Lancet** he made it clear that in his opinion inability to write an easily legible hand should never prejudice the result of an examination, which, after all, is simply a test designed to show whether a candidate does or does not carry a knowledge of his subject sufficient to satisfy

**Lancet*, 1953, I, 1001.

the standards of the faculty concerned. The technical ability of such a candidate in expressing his knowledge with pen, ink, and pencil, is not, ideally, ever called in question : but in fact, as Sir John remarks, " There must be an unconscious prejudice against bad and illiterate handwriting . . . " He goes on to express the fear that candidates for higher medical examinations have already so stabilised their writing that " not even a ukase from one or even all the Royal Colleges is likely to produce any striking improvement." In his view, then, the clemency of the examiner is at a premium when bad writing is a feature of a candidate's paper.

Whether, in fact, mature men and women can deliberately alter the style of their writing for the better is a question which Sir John's letter has most conveniently revived. Substantial evidence in favour of such a metamorphosis is difficult to find, though, were confirmation forthcoming, it is reasonable to imagine that many a student in his final years would pay more attention to calligraphic devices. None knows better than he what the impact of " an unconscious prejudice " may mean when the years of study are put to the final test.

On another page in this issue of the *Gazette* we print a letter from Dr. Mac Keith. That the substance of his letter coincides remarkably with the concluding query in one written to the *Lancet* by Mr. E. W. Playfair (June 13th) *à propos* of Sir John's original comments, is a fortunate coincidence which should reinforce the interesting suggestion for a properly controlled experiment at Guy's. Calligraphy deserves her pension.

The importance of an extended experiment in handwriting techniques which Dr. Mac Keith proposes lies not so much in the striking results which might be achieved, as in the miserable consequences which must ensue should no steps be taken soon to stop the rapid decline in handwriting ability among students. It will be a sorry day indeed when candidates tap out their answers on typewriters, or dictate them through tubes connected with plastic drums simply because, through inability to make themselves legible, they are forced, when a degree, diploma or certificate is at stake, to render themselves even more subservient than they are at present to the senseless machines of our insensitive age.

The central staircase of Hunt's House and the waiting rooms which have now been furnished on the landings are resplendent in fresh paint and varnish. Portraits of famous Guy's physicians adorn the walls near many of the wards named after them : Thomas Addison, Samuel Wilks (a striking portrait this), F. W. Pavy, Philip Henry Pye-Smith, Frederick Taylor and William Gull all preside, as it were, over the more modern generations who pass to and fro beneath. One portrait on the ground floor, is, so far, unidentified. Rarely have pictures been hung to better advantage inside a hospital.

But certain oddly discordant features have, somehow, crept in. We find, for example, that the " Radiotherapy " Department lies cheek by jowl with the " Hæmatological " Department. If logical

we must be, surely one should refer to the former as a " Radio-therapeutical " Department too ? Again, it is with a measure of surprise that we learn from a neat glass-covered notice at the foot of the main stairs, that on the first floor we may discover : *Victoria, Addison* and—*Gent's Cloakroom.* It must be a source of considerable satisfaction to us all to learn that the University Reader in Physical and Inorganic Chemistry at Guy's has now been allotted specialised accommodation (admittedly of a somewhat modest type) among the medical wards of the Hospital. We feel, however, that this distinguished scientist, to whom many of us are greatly indebted, deserves fuller recognition than by a bleak description, repeated in still larger letters, which surmounts an unassuming door on the first floor landing.

It seems reasonable to place on record the facts, as we understand them, of the unfortunate incident which involved the Cricket Clubs of this Hospital and St. Thomas's last May 27th.

The Inter-Hospitals' Cricket Cup Competition match concerned was due to start at Cobham at 11 o'clock that day. The Guy's team less two members who travelled to the ground independently, left at 9.40 for the eighteen mile journey. Through some misunderstanding (it seems that the driver confused Cobham with Chobham) the bus lost its way and at 11.20 the Guy's Captain determined to contact the St. Thomas's team and, speaking to the groundsman at Cobham, he left a message to explain their late arrival. They eventually reached the ground at 12.5 p.m. The Captain of the St. Thomas's side met them and stated that under the existing rules he had decided to claim the match owing to the non-arrival of Guy's at the appointed time. He did, however, suggest a friendly game which would, of course, have had no bearing on the Cup Competition. Guy's declined to play being (as one player somewhat modestly explained) in no friendly mood at that moment. There appears to be no truth in a suggestion made subsequently that the St. Thomas's Captain proposed that the match should be played and that if drawn through lack of time his side should be declared the winners.

No one can dispute the essential correctness of the decision made by the St. Thomas's Captain. Nevertheless, we have been given reason to believe that his action in claiming so important a match by a process which (whatever else it was) was certainly not cricket, is no more popular at St. Thomas's than it is here.

The underlying respect and substantial friendship which we in St. Thomas's Street bear to our sister hospital, since moved from over the way to Lambeth, will certainly not be shaken by an incident of this sort. But we are disturbed and sorry that it should ever have taken place.

GUY'S DIARY

JUNE		Exhibition. Surgical Department. *The Maintenance of Nutrition.*
29th	1.00.	Dr. R. D. Hoare. Clinical Lecture. *Calcification in the Brain and Spinal Cord.*
30th	1.00.	Dr. Charles Baker. Clinical Lecture. *Mitral Incompetence.*
JULY		Exhibition. Surgical Department. *Bone Tumours.*
2nd	1.00.	Mr. S. H. Wass. Clinical Lecture. *The A.B.C. of Thyroid Swellings.*
	5.00.	X-ray Meeting. Gordon Museum.
	5.00.	Mr. Murray Falconer. Neurosurgical Demonstration. Clinical Theatre.
3rd	1.00.	Dr. K. S. MacLean. Clinical Lecture. *Circulatory Failure.*
	3.00.	Professor G. Stead. Farewell Lecture. Physics Department " At Home ".
6th	1.00.	Mr. L. F. W. Salmon. Clinical Lecture. *A Social Problem.*
	5.00.	Department of Surgery. Film :— *Clinical Uses of Hyaluronidase.* Clinical Theatre.
7th	1.00.	Dr. M. J. McArdle. Clinical Lecture. *Wasting of the Hand.*
9th	5.00.	X-ray Meeting. Gordon Museum.
	5.00.	Carbutt Memorial Lecture. *Some Reflections on Coronary Disease.* Dr. D. Evan Bedford (Physician and Cardiologist to the Middlesex Hospital).
11th	10.00.	Mr. Lance Bromley (St. Mary's Hospital). Departmental Round. Clinical Theatre.
13th	1.00.	Dr. D. M. Carnegie. Clinical Lecture.

NOISE IN THE WARDS

The House Committee has asked me to request all people working in the Hospital to make every endeavour to reduce the amount of noise in and adjacent to the wards of the Hospital.

All Departments can assist by seeing that their trolleys are kept in good repair and where possible fitted with large rubber covered wheels. The majority of the wards in the Hospital have wooden or mosaic floors and ideally they could be sound-proofed by rubber covering, but this is an expensive item.

In the meantime all persons whose work requires them to enter the wards are requested to fit rubber heels to their shoes. This applies to all medical and dental staff, students, etc.

Anyone who has heard a large medical firm enter a ward will appreciate the importance of all students being rubber heeled. I would ask for the co-operation of everyone in this endeavour to give our patients rest and quiet.

W. D. DOHERTY,
Superintendent.

June, 1953.

25 Years Ago

From Guy's Hospital Gazette, 30th June, 1928.

ROWING CLUB .. P. V. Reading (cox) — As an inexperienced man he did remarkably well, and when hemmed between two crews kept his head and his course perfectly. A very useful discovery.

50 Years Ago

From Guy's Hospital Gazette, 20th June, 1903.

The Works Department is working with tremendous energy, as it is hoped to complete the arrangements in Hunt's House in time for Prize Day, July 3rd, though the necessary alterations take a long time, and it will also be found that *Mary,* after the years of activity within it, cannot be made fit for use in a very short time.

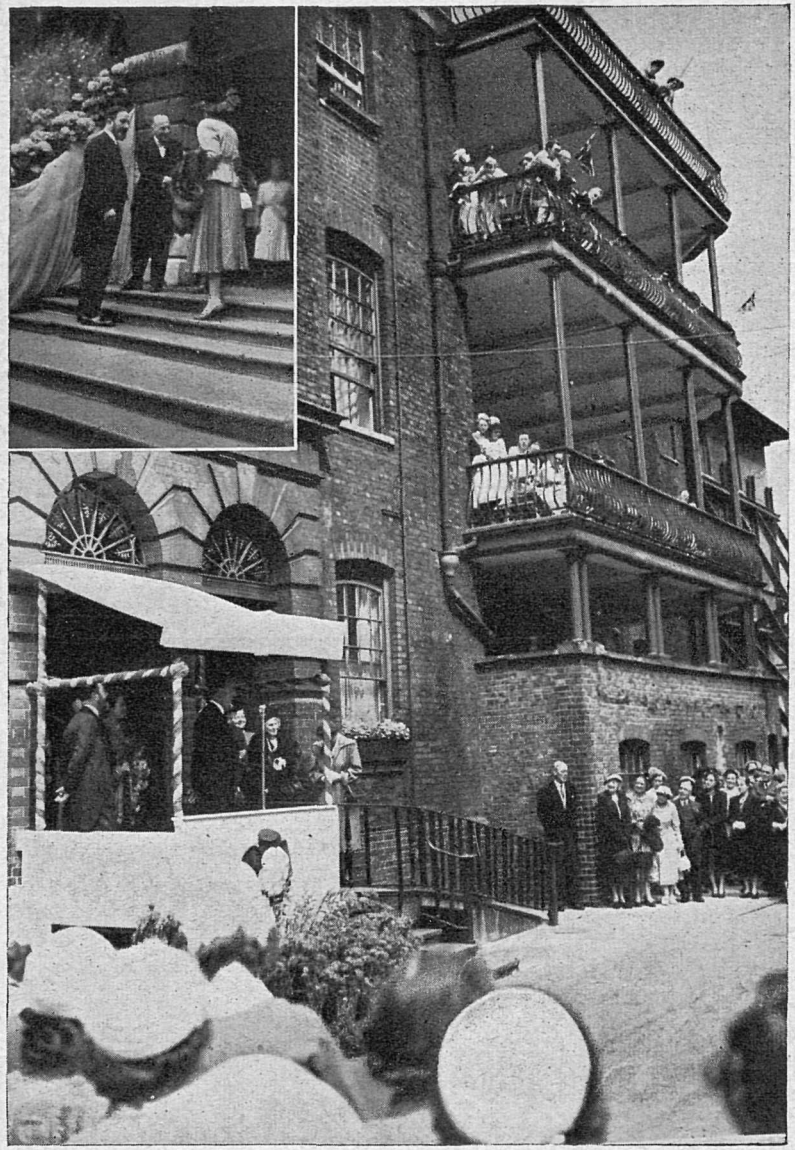
THE CORONATION GARDEN PARTY

THE CHAIRMAN and the Board of Governors of Guy's Hospital were the hosts at a Coronation Garden Party held in the grounds of the Hospital on Wednesday, June 10th.

The day was fine and warm with a touch of thunder about as the guests, many of them in the gayest of summer dresses, began to arrive in the Park. The whole scene began to take on a most festive air which the clever redecoration and adornment of the lawns and flower beds had already stimulated in the Hospital. In the centre of the grass opposite Shepherd's House was a bandstand picked out brilliantly by the red tunics of the Coldstream Guards who provided a delightful selection of music throughout the afternoon. On the grass near Nuffield House a large marquee had been erected within which a sumptuous array of refreshments had been prepared for the delight of the guests. But perhaps, most of all, attention was focussed on the modest group of steps which lead down from the Colonnade into the Park. On this occasion they were concealed by a remarkably effective dais decorated with a peculiarly artistic formal English rose and from which, as was evident to all the early-comers, the delights of the afternoon were shortly to be inaugurated. Just before 3.15 p.m. it was clear that the official opening was imminent. Two rows of neatly dressed nurses shepherded carefully into their places by Matron and her assistants faced each other demurely, happily, and with

Topical Press Agency

A Section of the audience at the opening ceremony.



Inset by kind permission of Miss E. Jones. *Topical Press Agency*

The Lord Mayor of London declares the Garden Party open. Inset : Lord and Lady Cunliffe and Mr. S. B. Askew at the main entrance.

some amusement, along the entire length of the Colonnade. They made a delightfully feminine guard of honour.

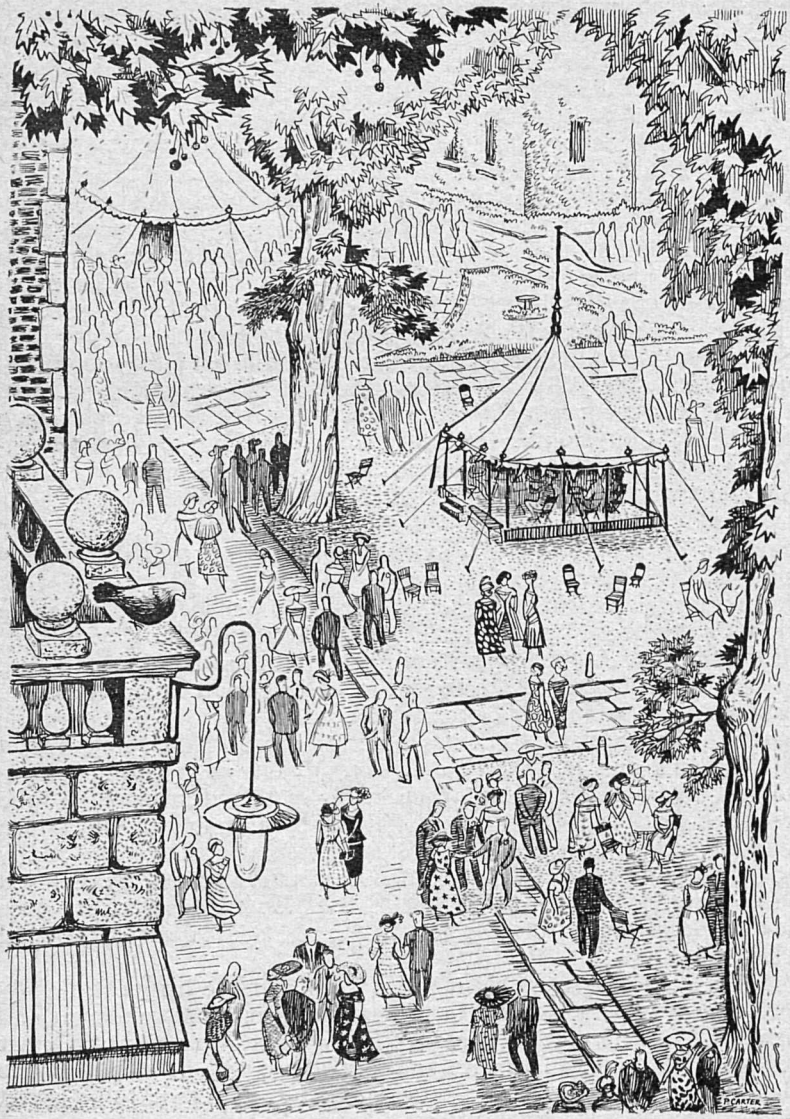
When the Lord Mayor of London and the Lady Mayoress arrived at the main entrance they were received by the Chairman of the Board of Governors, Lord Cunliffe, who introduced them to the reception party consisting of the Vice-Chairman Mr. E. G. Slesinger and Mrs. Slesinger, the Chairman of the Committee of Management of the Evelina Hospital, the Superintendent, the Clerk to the Governors, Matron, the Dean of the Medical School, Lady Ebbisham, the Bishop of Southwark, the Provost of Southwark and Mrs. Ashdown, and the Mayors and Mayoresses of Southwark and Bermondsey. We could not follow in detail the smiling progress which this party made along the Colonnade but it was evident that at some points bouquets were presented by nurses to the Lady Mayoress and the Mayoresses and that many happy greetings between old friends had marked the few yards of the short journey to the Park. Preceded by the Head Porter carrying, with dignity, the tall Hospital mace, Lord Cunliffe led his distinguished guests to the dais. The impressive nature of the scene was lightened in a delightful manner by the merest suspicion of a raised eyebrow on the part of Southcombe (evidently very conscious of his responsibility in carrying the mace)—a gesture that was not lost on the crowd who responded immediately with good-humoured applause.

Lord Cunliffe in a few well-chosen words welcomed the Lord Mayor of London to Guy's Hospital and, while regretting that we had not the privilege of claiming him as a member of the Board of Governors, referred in warm terms to the close association which he himself and Guy's Hospital had always maintained with Hays Wharf, with which the Lord Mayor had such a distinguished connection.

As the applause that greeted his welcoming speech died away, one cast one's eye momentarily round the scene. It was a remarkable sight. All the available balconies looking on to the Park were crowded with patients and those of the nurses on duty who could spare a moment to watch the scene, while below, gathered around the little decorated platform, was a remarkably happy assembly of Guy's men and women and their friends of all ages in summer finery and happy mood, eager to celebrate not only the Coronation year of our beloved Queen and Patron Queen Elizabeth, but also to demonstrate once more their affection for this Hospital and its Medical and Dental Schools.

The Lord Mayor in his reply to Lord Cunliffe hit most happily upon the prevailing mood. Looking warmly upon his audience and thanking Lord Cunliffe on behalf of his wife and himself for the great welcome which they had received that afternoon, he said that the Chairman and the Board of Governors had every reason to be proud of the great Hospital which they administered today. It was with intense pleasure that he declared the Coronation Garden Party open, and in a few final, witty, words encouraged all around him to partake gaily of the pleasures of the afternoon.

These remarks were greeted with tumultuous applause and from then onwards it was evident that full advantage would be taken of an unrivalled opportunity of seeing the Wards and various departments of the Hospital and Schools. Exhibitions indeed had been arranged



A general view drawn from the balcony of Guy's House by Miss P. Carter, Department of Medical Illustration.

by the Departments of Anæsthetics, Anatomy, Bacteriology, Biochemistry and Chemistry, Biology, Physics, Physiology and the Gordon Museum.

Tea had been provided in the marquee, in the Nurses' Home, in the Staff Canteen, in the Physiotherapy Department, and in the Out-Patient Department and everyone agreed that the Hospital Catering Organization had risen to the occasion admirably. It was confidently rumoured that the Governors had ordered a thousand pounds of strawberries for the delight of their guests. This we are unable to confirm or deny beyond saying that, judging from the quantities available to all, official confirmation of such a rumour would scarcely have been necessary. In this connection, a special mention must be made of a remarkable cake designed in the form of a crown by the Pastry Chef of the Hospital and exhibited to many admiring glances from a window overlooking the Park.

We were delighted to see many well known Guy's men and their ladies among us again and, as the afternoon wore on many friendships were renewed, many familiar parts of the Hospital revisited, many new and happy impressions recorded of the flourishing nature of Guy's as we know it today. Ice cream (and there was plenty of it) never was less successful in cooling the warmth of friendly companionship !

That the administrative details worked so well is a tribute to much unspectacular work by the Superintendent's Office.

A final word must be said in praise of all those who undertook their normal duties and shouldered extra tasks in order that the guests should enjoy themselves fully. We would mention notably the porters who carried out their duties unobtrusively yet admirably, the kitchen and domestic staff for the remarkable popularity of the refreshments so liberally provided, and all those voluntary helpers, including many students, who acted as guides and stewards throughout a memorable afternoon.

Copies of photographs printed here, and others not included in these pages, may be seen and purchased at the Gazette Office.

NOTICES

All nurses and physiotherapists are asked to inform the Manager at the *Gazette* Office of their changes of address before they leave the Hospital at the end of their training courses.

Contributors to the *Gazette* would greatly assist the editorial staff by printing in block letters the names and initials of all persons mentioned in their manuscripts. All contributions for immediate publication must be handed in by the Monday before publication day.

THE X-RAY ANALYSIS OF PROTEIN MOLECULES

The Fison Memorial Lecture delivered at Guy's Hospital on 15th May, 1953

By SIR LAWRENCE BRAGG, Kt., M.C., M.A., F.R.S.

LADIES AND GENTLEMEN,—Nature uses certain chemical bodies of a highly complex character as the units of which living matter is built. Two of the most important classes are the proteins and the nucleic acids. I must make it clear at the outset that in talking about these highly complex bodies I can make no claim to speak with authority about their chemistry or biochemistry. The chemists and biochemists have accumulated a wealth of information by their studies. My interest in them has been that of a physicist trying to apply the methods of X-ray analysis to discover additional information which may throw some light on their character. The difficulty of applying X-ray analysis is their very great complexity. It is a long and arduous task to deduce the structure by X-ray methods of such a molecule as penicillin, which was so brilliantly analysed by Mrs. Hodgkin at Oxford and Dr. Bunn of Imperial Chemical Industries. Now penicillin has a molecular weight of 321 whereas the molecule of hæmoglobin, one of the proteins which has been the subject of much research in the Cavendish Laboratory, has a molecular weight of 67,000. Even then it is one of the simplest of the constituents of living matter. Such bodies as the viruses have molecular weights in the millions, and they are very small when compared with the simplest cellular organisms.

How does Nature achieve this complexity ? The answer which has been elucidated by the labours of the biochemists is an extremely interesting one. There must be in living matter many different types of unit, each with its own specific function. It might be conceived that Nature would use for each of these a structure with peculiar characteristics of its own, such as we see for instance in the complicated architecture of a penicillin molecule. This is not the way she has chosen. The complex bodies are long chains, each link in the chain being a comparatively simple chemical structure. The specific function of the whole group appears to be achieved by arranging in a definite order these simple units. To quote from Browning,

That low man goes on adding one to one,
His hundred's soon hit :
This high man, aiming at a million,
Misses a unit.

The former course appears to be the one which living matter has adopted. In the proteins, for example, the chemists tell us that the units are amino acid residues. An amino acid consists of a carbon atom, with, in the four tetrahedral positions, an acid COOH group, an alkaline NH_2 group, a hydrogen atom, and a small group, R, consisting on the average of about four atoms, which gives its specific character to the amino acid. The NH_2 and COOH groups are like the male and

female links on a set of jointed rods. A link is formed by the combination of a COOH and a NH_2 group, and so the residues are strung into a chain of bodies with a standard thread or backbone running along them, but with the character for each body determined by the R group. There are somewhat over twenty characteristic amino acids used by Nature in living matter of all forms. A recent triumph of analysis has been the determination by Sanger of the order of the amino acids in the two types of chain which compose the insulin molecule. We might compare these amino acids to the founts of type which the printer uses in setting up a book. All the different letters have a common base which fits into the block ; this is the carbon with its CO and NH forming part of the backbone of the chain. At the other end of the type is the letter ; this is the R group with its specific character. Just as one can compose different sentences and paragraphs by varying the order of the type, so Nature appears to compose bodies with different specific functions by altering the order of the amino acids. The chemists tell us that nucleic acid is even more simple. The backbone chain in this case is composed of alternate sugar and phosphate units. Attached to each sugar is again a characteristic group, but in this case there are only four types, two purines and two pyrimidines. I am speaking only in the broadest general terms, and a chemist would no doubt wish to point out how far this is from being the complete story. This irresponsibility of a physicist when he talks about chemistry may, however, have a certain usefulness in outlining the shape of the wood without troubling too much about the individual trees.

There are certain other characteristic bodies which are found in living substances, as for instance the cellulose which forms the framework in plant life, and the collagen which appears to be the tension-resisting substance in animals, and it is interesting that these also are formed of long chains.

It is the aim of X-ray analysis to deduce the pattern of matter with the atoms in their right relative positions. The deductions are based on the way the matter scatters X-rays. Interference between the waves scattered by the atoms takes place, and can be interpreted by the laws of physical optics. Except in the simplest cases, the X-ray analyst is dependent upon the general information about the bonds in the substances which the chemist has deduced, since he must have some idea what he is looking for before he can apply his particular methods. The vital contribution which he can make is to put precision into the picture, establishing the exact angular relations and lengths of the chemical bonds and the precise configuration of the pattern. One of the exciting rewards of X-ray analysis is that this precision often casts a flood of light on the systems which are being studied. As an example one might perhaps cite the silicates, the most important constituents of minerals. The mineralogists had established the orders of minerals by their study of crystalline forms ; X-ray analysis revealed the systematic basis of these orders by showing that they were all based on geometrical combinations of tetrahedra and octahedra, tetrahedral oxygen groups around the silicon atom and octahedral groups around the common metals. A similar rational basis is now in process of being established for that very baffling series of chemical compounds,

the alloys. It may be hoped that if exact geometrical structures of living substances can be established by X-ray analysis it may cast a similar flood of light on their functions. Why has Nature chosen these apparently very arbitrary types of chemical unit in the proteins and nucleic acids for building living matter ? Why are there only about twenty amino acids in living bodies, out of a vast number of possible forms ? Why the purine or pyrimidine, sugar and phosphate groups in a nucleic acid ? These are the questions to which we should like an answer.

In X-ray analysis we measure the strength with which the molecular arrangement scatters the X-rays in different directions as a characteristic diffraction pattern ; by observing the diffraction pattern we can test whether a proposed arrangement is right or wrong. Conditions are most favourable when X-ray analysis can be applied to crystalline arrays where a parallel arrangement of the units exists. Fortunately many globular proteins crystallize as perfectly as simpler crystals. The different types of hæmoglobin crystal give extremely perfect X-ray diffraction pictures, indicating that the atomic arrangement has a characteristic and invariable form. Perutz has examined and been able to compare hæmoglobin molecules from many different mammals. The other protein on which Kendrew has done much work is myoglobin, which has a molecular weight of about 17,000, only one-quarter of that of hæmoglobin, and it is attractive for that reason. After considerable difficulty in trying to crystallize horse myoglobin, he has found that the different species of whale give excellent large crystals to which X-ray analysis can be applied.

In other cases conditions are not so favourable. In the fibrous proteins, or nucleic acids, or collagen, the fibres can be coaxed into parallelism, but their orientation around the fibre axis is random.

My own main interest has been in the application of X-ray methods to the results which Perutz has obtained with hæmoglobin. Here we are tackling a problem of a complexity several orders higher than those dealt with by what might be called classical X-ray analysis, and I must try briefly to explain wherein the difficulty lies. By its very nature, X-ray analysis is a trial and error method. One cannot take the measurements of diffraction, put them through a computing process, and deduce the structure. The procedure must be the reverse. One must picture a possible structure, calculate how it would diffract X-rays, and compare the calculations with what is actually observed. The reason for this is rather a subtle principle of physical optics. The unit of pattern scatters waves in different directions. In each direction there is a characteristic amplitude of diffraction, depending on the configuration of the unit, and this diffracted amplitude can be measured experimentally. However, there is also another characteristic of the scattered wave, its relation in phase to some fixed point in the unit, and this phase cannot be measured experimentally. If both amplitude and phase were known, one could reconstruct the scattering unit from the diffraction pattern, but half of this vital information, that about the phases, is missing, hence the impossibility of a direct analysis. In the special case when the unit has a centre of symmetry the phase, in mathematical language, must be + or — by symmetry, and this is of course a great simplification. The uncertainty is still

very great, however, Suppose we observe 600 diffracted spots from a hæmoglobin crystal. If we could label each of these spots correctly with a + or — sign we should have solved the structure, but of course, since we do not know the sign, there are 2^{600}, or 10^{180} possibilities.

Perutz and I have been working on one of the hæmoglobin projections, using about 100 diffracted spots, so that when we started on our search for the right structure there were 2^{100} possible crystals, each of which would have accounted for the observed diffraction. We have managed so far to reduce the 2^{100} possibilities to 2^6, or 64. If we are content only to use the inner spots, which as it were show the hæmoglobin molecule under low resolving power, we have managed to reduce the alternatives to 2^2, or 4. It is to be hoped that further work will decide between these and show us for the first time a picture of a hæmoglobin molecule. It would have been quite impossible, of course, to try permutations in the arrangement of the 10,000 atoms of which the molecule is built. We have had to devise a new line of attack, which is fortunately made possible by a peculiar feature of the hæmoglobin crystal. It can be made to shrink or expand by varying the wetness of its surrounding atmosphere. The molecules remain in parallel orientation, but water goes into or comes out of the structure. The physical principles which can be used to deduce the signs when such a concertina movement of the crystal takes place are straightforward, but it would take too much space to describe them here. The point is that a direct attack instead of one by guesses can be made, and it is essential to have some method of direct attack in so complex a case.

One feature of the hæmoglobin molecule has been definitely established. Hæmoglobin crystallizes in so many different forms that one can deduce the shape of the molecule by seeing how it is packed into the spaces between its neighbours. To a first approximation, it is an egg-shaped spheroid, between 70 and 75 Å (10^{-8} cm.) long and 55 Å across in each direction. When completely dried it appears to shed an outer skin of water and shrink some 7 Å in each dimension.

If we can complete the last stage of analysis and form a picture of the general architecture of the molecule we can then begin to think of its detailed structure. It is composed of chains of amino acids, and it is also known to contain four hæm groups. In broad terms, a hæm group is a set of four rings at the corners of a square with an iron atom at the centre, and this iron atom plays a vital role in attaching an oxygen molecule and so conveying the oxygen we breathe to where it is needed in the body. Pauling has put forward a very plausible coiled form of the amino acid chain, and X-ray analysis of artificial chains has supported his structure. We therefore have some idea of the shape of the pieces which go to build up the hæmoglobin molecule, the chains and the hæms, and the next task will be to put them together in a way which conforms to the results of X-ray analysis. It may seem that Nature has adopted a very complex way in producing a molecule of molecular weight 67,000 to carry four oxygen molecules from one place to another. I suppose in general terms the answer is that the oxygen must be taken to the right place. When we send a letter to a friend we cannot merely cast it to the winds ; we must deliver it to a

much more complex body, a postman, who sees that it gets to the right address.

Finally, I would like to say a little about a very exciting new structure which has recently been put forward by Watson and Crick in the Cavendish Laboratory, that of nucleic acid. The interest of this structure lies in the fact that it suggests a mechanism of reduplication, by which a nucleic acid chain with the units in some given order can make more precisely like itself. Their structure is a spiral ladder-like arrangement. The sides of the ladder are composed of the alternate phosphate and sugar groups. Each rung is a purine belonging to the chain on one side attached by hydrogen bonds to a pyrimidine belonging to the chain on the other. The fascinating point made by the authors of this structure is that, as has been said above, there are two types of purine and two types of pyrimidine, and they show that the two chains are complementary ; No. 1 base can only be joined to No. 2, No. 3 can only be joined to No. 4. If we have got a certain order for the 1, 2, 3, 4's of one chain, the order on the other chain is fixed. If, therefore, the two chains split apart at the weak hydrogen bonds and each chain attaches to itself the appropriate nucleotides (phosphate—sugar-base groups) to form its complement, the result will be two new chains identical with the original one. This is a hint of how Nature achieves the printing-off process necessary for reduplication of a unit carrying a specific character. Further, there is a hint of how, perhaps not directly, these nucleic acid chains may serve as the templates on which the amino acids of the proteins are built.

The investigation of these biochemical substances is in a thrilling stage at the present time. Such structures as the above give us a hint, not of the answer to the mechanism of living bodies, but of the direction from which an answer may come. As in simpler cases the missing evidence may well be supplied by X-ray analysis with its precise pictures of the configuration of the atoms.

The Fison Memorial Lecture was endowed as an annual address in memory of Dr. A. H. Fison, Lecturer in Physics to the Medical School, who died as the result of an accident at Guy's Hospital Medical School in February, 1923.

IMPRESSIONS OF THE CORONATION

By DOROTHY M. SMITH, C.B.E., S.R.N., S.C.M.
Matron of Guy's Hospital

MANY wonderful descriptions have been written of all that happened on June 2nd, and there is little which is not known of that historic occasion.

I have been asked to give my impressions of the Coronation. For me it started with a grand send off by the Sisters, with snapping cameras, when Miss Marriott called for me at half past six.

Our chauffeur selected a route remote from the procession, so we arrived quickly, and we were shown with the utmost dispatch to our seats in the nave. Every guest found on his seat a white book giving every detail of the ceremonial, including all the arrangements and the order of the processions. There was also a beautiful red book with the form and order of Service. The print was so large that even those with the dimmest sight must have been able to see it clearly. The arrangements for the reception of the vast number of people were perfect, and I understand that six thousand guests were invited. Every Gold Staff Officer seemed to have acquired a personal knowledge of those guests who were assigned to his special care, and to know the exact number of seats for which he was responsible.

Although the doors of the Abbey were closed when Big Ben had sounded the hour of half past eight, and a long time intervened before the great event, a dull moment was impossible. The sight of the guests of all sorts and conditions slowly making their way up the magnificent carpet which spread from end to end of the building was, in itself, an unforgettable experience. The variety of uniforms, the absolute riot of colour kept the attention closely fixed. Everything connected with colour deserves commendation—the great blue carpet which extended from the west door to the western approach to the Theatre, the blue and gold tapestry in front of the seats, the red books of the vast congregation which seemed to blend with the grey walls of the Abbey.

When all the lights were turned on, the Abbey seemed to resemble the interior of some enchanted cave, while it might almost be said that the lighting was equal to the sun at noon day. "The people" were in the Abbey, too, and they brought into it a sense of the every-day world, and of the Commonwealth. There were Nurses in uniform, Army Sisters, members of the Naval and Air Force Nursing Service and of the Red Cross and St. John's.

Every few moments there was a procession, and three or four hours went by like a dream, and this is, in fact a true comparison, because it all appeared too fine and beautiful to be true. Foreign diplomats were filling up the stands ; part of the gallery was full of knights of two orders in pale blue and crimson robes ; and yet another gallery was full of judges and lawyers in their wigs and with their wives. The peers and peeresses processed up the Abbey, the white of their

ermine showing up the rich crimson of their robes. Of the clergy, the contrast of the glorious copes of brilliant blue and gold of the Prebendaries was among the most vivid of all.

Before the Queen's procession was due, there was an unrehearsed incident—white coated attendants came with carpet sweepers, brooms and brushes. Even then one of them was not satisfied, but picked up by hand the difficult pieces, as housewives have done in their homes from time immemorial.

We heard the bells of the Abbey faintly outside, and now the whole vast congregation was ready for the entrance of the Queen. If there had ever been a sense of a social occasion, all that was gone, and we were a nation, gathered together for a religious rite. The last great procession started up the nave—the procession of the Queen—who was wearing a gold embroidered white gown with a diadem on her head, and not a crown. She moved with the utmost grace ; her six train bearers were in white and gold dresses which contrasted with the crimson of the Queen's train. The procession moved slowly, as all the other processions have moved. The Queen was preceded by chaplains in scarlet, a free church minister in black silk, six heralds, robed knights and peers, and then the standard bearers ; the Archbishop of York preceded by his cross, the Chancellor, wigged and in black silk ; the Cross of Canterbury, and the Archbishop ; the Duke of Edinburgh ; the regalia of the pattern ; the bible and the chalice, borne by bishops in their copes.

Much will have been written of the music—the litany was sung as it has always been sung since the coronations of the twelfth century. All was moving and very beautiful.

There can be few people who do not know the Order of Service. During the Recognition, the Archbishop, together with others, goes to the east side of the Theatre to present the Queen to the people as our "undoubted" Queen, the people signifying their willingness and joy. During the first acclamation, it seemed to me that the people did not respond in a very loud voice ; one felt that everyone said to himself, "we must do better than this", for the three other times the voices echoed round the Abbey.

And so the great Service proceeded. Reflecting upon it all one recalls that not only was the solemnity of the occasion felt in what was seen and heard, in the solemn words or the accompaniment with music, the noise of shouting and trumpets, the ringing of bells, the roll of drums and gun fire which reverberated at the crowning of the Queen, but also in the silence, which somehow gave a sense of timelessness to the proceedings, as if nothing must be hurried.

After the service was ended came the great moment for those seated in the nave. The same measured progress paced westward till, to the massed singing of *God Save the Queen*, Her Majesty appeared, wearing the massively glittering Imperial crown and great purple and ermine robe. With the music breaking into *Land of Hope and Glory*, there came into our vision the lissome figure moving so gracefully and

easily, notwithstanding the great burdens and glories of queenship upon her. For nowhere else in the world is such a scene to be witnessed as we had witnessed it that day, in a fashion unprecedented even in the long history of our Coronation, the sacrament of national and social renewal symbolised by the crown bejewelled with priceless freedoms and worn by our Queen.

The words which were shouted after the homage which echoed in my mind, and in all our hearts, and with which I shall end, were :

God Save Queen Elizabeth.
Long Live Queen Elizabeth.
May the Queen Live for Ever !

TO THE ABBEY

Photograph by Miss Jones (Sister John)

Miss Marjorie Marriott and Miss Dorothy M. Smith leaving Guy's for Westminster Abbey on Coronation Day.

By 6.10 a.m. on Coronation Day when the Matron stepped out from her house ready for the Abbey about thirty Sisters had gathered in the quadrangle to greet her and to wave her on her way. Miss Marjorie Marriott, Matron of the Middlesex Hospital, and Miss Dorothy M. Smith drove off together and we are delighted that these eminent trainees of Guy's were present in the Abbey for the Coronation.

Although we had a barrage of cameras ready, the morning light was subdued and our snapshots do not do justice to their Coronation gowns and tiaras. Miss Dorothy M. Smith wore deep periwinkle blue lace and Miss Marriott a pink brocade gown.

D.L.H.

THE STUDENT REHABILITATION UNIT, PINEWOOD

By DEREK W. G. FORREST*

IN France, there are large universities, with students often living in poor lodgings. There is no National Health Service, and when students fell ill with tuberculosis, perhaps the most crippling disease of young men and women, facilities for treatment were poor. The need was felt to build a place where all treatment necessary could be had and, at the same time, academic instruction could be given. From all faculties the students got together and raised the funds themselves, and built two complete sanatoria at Grenoble and Paris.

The British Student Tuberculosis Foundation (B.S.T.F.) started in a similar way, and on September 30th, 1952, The North Western Regional Hospital Board granted them the use of a ward at Pinewood Sanatorium to open a pilot scheme. The Sanatorium is just south of Wokingham, an old market town of Windsor Forest, 32 miles from London. The ward consists of 16 beds, wardrobes and lockers, and in addition there is a sitting room, dining room and office, all comfortably furnished, kitchen and all toilet requisites. It is open to students of all nationalities, studying at any university in the British Isles, and sufficiently recovered to get up for at least six hours a day. They must be sputum negative, and when they come, three laryngeal swabs are taken at intervals to ensure that all cases remain inactive. Also a radiograph is taken immediately on arrival, and one every month after. The medical superintendent examines them and talks with each one at frequent intervals to grade them on the amount of study, recreation and exercise. Exercise consists of slowly walking round a short " track " several times a day. This has to be taken seriously, as do the rest periods of which there are four a day : one hour, 12 to 1 ; one half hour, 6 to 6.30 ; and two quarter hours, 1.30 to 1.45 and 4.15 to 4.30. All students are expected to be in bed by 9.00 p.m. with lights out at 9.30.

The time table is adhered to as much as possible :

8.30— 9.00	Breakfast.
9.00—11.00	Study.
11.00	Coffee.
11.00—12.00	Exercise and recreation.
12.00— 1.00	Rest.
1.00— 1.30	Dinner.
1.30— 1.45	Rest.
1.45— 4.15	Study and Exercise.
4.15— 4.30	Rest.
4.30	Tea.
4.45— 6.00	Recreation or study.
6.00— 6.30	Rest.
6.30— 7.00	Supper.
7.00— 9.00	Recreation.
9.00	Bed.
9.30	Lights out.

Food is plentiful and varied and milk is served with Dinner and Supper. Leave is given for four hours (1.30—5.30) every Friday, with extension to 7.30 the first Friday every month. Weekend leaves are given occasionally on application to the medical superintendent.

The B.S.T.F. has provided a radio, radiogram and each patient receives 10*s.* a month with which to buy records, magazines, etc. There is a recreation room (used in conjunction with the other patients) where a billiard table and table tennis are kept. A film show is also given to the patients once weekly at the main hospital.

Each student pursues his own line of study, tutors coming down from London and other places several times a week. This is given on a voluntary basis, but the B.S.T.F. pay all expenses. Any textbook is loaned from the London University Library, of which students become members for as long as they are here. They also become honorary members of Reading University Students' Union.

Arrangements have been made with surrounding hospitals for clinical students to attend ward rounds, out-patients and operations. Other colleges with suitable courses for students, e.g., Holloway College, Virginia Water, have agreed to open their doors for them.

**Mr. Forrest, a medical student from Guy's Hospital, is at present at Pinewood.*

CORRESPONDENCE

Letters to the Editor of the Gazette

Can bad writing be permanently improved ?

From Dr. R. C. Mac Keith

SIR,—Sir John Conybeare has written to the *Lancet* (16.5.53) a letter of great interest protesting against the view expressed by the R.C.O.G. that bad handwriting by candidates may lead to loss of marks in examinations. Sir John expressed the view that candidates for higher medical examination have already stabilised their handwriting. I think that candidates would be wise to have legible writing and I wonder if it is true that bad writing is irreparably so by the time the writer is in the middle twenties.

I suggest that it would be worth while for the Medical School to conduct a small pilot experiment to test this hypothesis. I suggest that about a score of poor writers (among them myself) could be easily collected from the hospital, specimens of the usual writing extracted from their notebooks and filed and that they then should be taught by a good teacher. After a period further specimens would be collected for comparison. A follow-up over a period of several years would be, of course, an important part of the trial.

May I suggest that the School organize this ? I can quickly think of certain students who, like myself, might benefit and would be prepared to spend the time. As Sir John says, there must be an unconscious prejudice in examiners against bad handwriting.

Yours, etc.,

RONALD MAC KEITH.

The Development of Psychiatry : A Mountainous Task

From Dr. J. P. Crawford

SIR,—The conquest of Everest must have provided encouragement to many who have voluntarily undertaken to tackle problems in other walks of life. Its timely coincidence with the Coronation of our Queen must equally have added to the determination of anyone bent upon helping to make her reign in reality a new Elizabethan era of successful adventure. As one privileged to play a part in the continuing process of building up a relatively new department in the Hospital I think it may interest your readers to hear how this experience has been illuminated for me by recent comments on " the immense task "—as I believe the Sunday press have referred to Everest—which has captured the imagination of so many of us.

Firstly I would mention the effort required by all involved in order to make and consolidate each small advance, an effort not really to be appreciated by those who have not experienced it. Secondly, that success requires a constant consideration for the welfare of the rank and file of the expedition. Thirdly, final success cannot be the sole possession of any one person, but can be reached only through a process of climbing upon the shoulders and past experience of others. Fourthly, direction or organization is essential to all, whether they be specialists or auxiliaries, and it should be noted that even the leaders of expeditions, responsible for such direction, agree that they are indebted to those who have gone before in the same capacity. Finally, no one would presumably question the justice, at least in the Everest story, inherent in the sharing of final success between leader, climber and Sherpa.

Those who profess not to understand the need for the Everest expedition may find a further parallel with the development of psychiatry in their midst. Let us hope, however, that by seeing only the possible spoils they do not underestimate the challenge accepted by those who endeavour.

Yours, etc.,

J. P. CRAWFORD.

SPORT

THE ANNUAL SPORTS

The Sports were held this year on Saturday, May 30th, at Honor Oak Park. A very high standard was set in spite of the track making the going heavy due to the adverse weather conditions which prevailed up until two hours before the meeting started. It was most pleasing to see that so large a number of supporters from all parts of the hospital had come despite an overcast sky.

Four events were run off prior to the meeting, the results of which show the high standard of performance set from the very start. On the previous Wednesday afternoon in a cool wind J. V. V. Lewis ran a noteworthy half mile on a very stodgy track in the time of 2 mins. 2 secs. which was only 1·4 secs outside the record. The same competitor, who is also captain of Guy's Athletic Team this year, also ran a most creditable mile at the meeting in 4 mins. 39·4 secs. with a very strong cross wind blowing. He will be much missed when he leaves us at the end of this year.

The most outstanding single performacne was that of D. F. S. Gunning in the 2 miles run on the previous Thursday. He won in 9 mins. 57 secs., a time bettering the previous record by the wide margin of 16·6 secs. Gunning also broke the Junior 880 yards record with a time of 2 mins. 8·4 secs.

One might be excused in singling out R. T. Hawley among many outstanding competitors. His excellent pefrormances in a diverse number of events won him the Clement Lucas Cup for the *Victor Ludorum* by a margin of 16 points. The joint second place being held by J. V. V. Lewis and D. F. S. Gunning. Hawley won the High Jump, Long Jump, 220 yards and 440 yards and he was placed in the Discus, 100 yards and pole vault. The fact that both Gunning and Hawley are only in their first year promises a good future for Guy's athletics.

The performances of E. O. James, J. Kingston, E. Smith, I. D. Hudson and R. J. Young all added encouragement and, dare I say, optimism to our hopes of bringing back the United Hospitals' Cup from Motspur Park on Saturday, June 13th.

The physiotherapists were again victorious in the Ladies' Relay and Miss I. B. French won the Ladies' 80 yards for the third year in succession.

A great deal of excitement was obtained from the less serious events. E. D. A. Orsmond made his hat trick in winning the sack race for the third year running. The Rugby Club maintained their run of victories in the Clubs' Relay, despite a slight dispute which arose in the heats.

The Housemen's Hundred drew everyone to the track side. The winner, Dr. Money, rushed round the bend to the tape closely followed by a pounding field of gay and unorthodox costumes. The sartorial highlight of the event being a purple fez surmounting a pair of dark glasses.

A very large entry in the Children's Race saw a close finish to this handicapped event. The only time the support of the crowd seemed at all divided was at the Tug-of-War when the Medicals won from the Dentals after a most strenuous and weighty tussle.

At the end of the afternoon the prizes were distributed most graciously by Mrs. J. S. Batchelor to whom, together with all those who helped by officiating in any capacity, the Club extends sincere thanks.

RESULTS

Events Run Off Before Sports Day

High Jump

1st	R. T. Hawley	5 ft. 4 ins.
2nd	I. D. Hudson	5 ft. 3 ins.
3rd	J. P. Lee Potter	4 ft. 11 ins.

Two Miles.

1st	D. Gunning	9 mins. 57 secs.
2nd	R. Salmon	New Record
3rd	J. V. V. Lewis	

880 yards

1st	J. V. V. Lewis	2 mins. 2 secs.
2nd	D. Gunning	2 mins. 3·4 secs.
3rd	I. D. Hudson	

Discus

1st	R. Young	91 ft. 3 ins.
2nd	R. T. Hawley	90 ft. 6 ins.
3rd	J. C. Burt	86 ft. 4 ins.

Sports Day Events

220 yards (Final)

1st	R. T. Hawley	23·6 secs.
2nd	J. Kingston	24·1 secs.
3rd	I. Hudson	

Shot Putt

1st	R. J. Young	33 ft.
2nd	J. Burt	31 ft. 10 ins.
3rd	T. Lowe	31 ft. 7 ins.

Ladies' 80 yards (Final)

1st	I. B. French	
2nd	G. W. Brown	
3rd	M. Brook	

Junior 880 yards (Final). New Record by 4·6 secs.

1st	D. Gunning	2 mins. 8·4 secs.
2nd	N. A. Boyd	2 mins. 9·2 secs.
3rd	J. P. Lissenden	

Continued opposite—

440 yards (Final)
1st R. T. Hawley 52·2 secs.
2nd I. Hudson 54·8 secs.
3rd N. A. Boyd

Children's Race
1st Antony Lewis
2nd Penny Brain
3rd Vicay Brain

100 yards (Final)
1st E. O. James 10·7 secs.
2nd J. C. Kingston 10·7 secs.
3rd R. T. Hawley

Javelin
1st E. Smith 156 ft. 5 ins.
2nd J. Burt 141 ft. 8 ins.
3rd J. K. Duff 133 ft. 6 ins.

Sack Race (open to all)
1st E. D. A. Orsmond
2nd E. N. McKenzie
3rd A. J. Salmon

Clubs Relay Heats
1st Heat :
1st Rugby 2nd Hockey 3rd Cross Country
2nd Heat :
1st Tennis 2nd Physiology

Long Jump
1st R. T. Hawley 22 ft. 1½ ins.
2nd J. Burt 20 ft. 3 ins.
3rd D. Parry 19 ft. 5 ins.

Tug-of-War (Medicals v. Dentals)
Winners : Medicals

Housemen's Hundred
1st G. L. Money
2nd C. T. M. Wilson
3rd D. C. Wilkins

One Mile (Final)
1st J. Lewis 4 mins. 39·4 secs.
2nd D. Gunning
3rd A. J. Salmon

Ladies' Relay
1st B. Physiotherapists 60·4 secs.
2nd D. ,,
3rd F. ,,

Clubs' Relay Final
1st Rugby 46·4 secs.
2nd Tennis
3rd Hockey

Ladies' Egg and Spoon
1st Gillian Rogers
2nd Helen Cowdy
3rd Betty King-Turner

Mixed Three-Legged Race
1st C. J. Wilkinson and Miss E. A. Burns
2nd S. C. C. Scott and Miss M. A. Barrie
3rd R. B. Webb and Miss J. Rand

The Clement Lucas Cup for the Victor Ludorum : Winner : R. T. Hawley 32 points

CRICKET

Guy's *v.* Wallington

At H.O.P. Result : Won by 37 runs
13th June, 1953

Guy's

N. Cooke, c. Miles, b. King	13
M. Willis, l.b.w., b. Miles	0
E. Gibbons, c. & b. Rose	19
D. Allen, b. Borrit	7
D. Lipington, l.b.w., b. King	18
M. Williams, c. Asquith, b. Miles	8
M. Mackenzie, b. Borrit	16
K. Tyrer, b. Borrit	5
F. Trist, c. Asquith, b. Borrit	6
S. Lam, c. Parks, b. Rose	4
N. Labuschagne, not out	2
Extras	3
Total	104

Wallington	67

Bowling :	O.	M.	R.	W.
N. Labuschagne	12	2	21	2
F. Trist	16	5	28	7
M. Mackenzie	8	1	16	1

Guy's *v.* Private Banks

At H.O.P. Result : Drawn
20th June, 1953

Guy's

N. Cooke, st. Ruck, b. Brown	15
W. Howells, c. Ruck, b. Brown	0
D. Lipington, b. Brown	31
R. Elsdon-Dew, b. Perry	50
R. Gibbons, run out	28
M. Williams, st. Ruck, b. Thoy	4
M. Mackenzie, not out	19
H. Bissoon-Dath, not out	13
F. Trist did not bat	
M. Willis ,, ,, ,,	
N. Labuschagne ,, ,, ,,	
Extras	6
Total for 6 wickets declared	166
Private Banks, for 8 wickets	145

Bowling :	O.	M.	R.	W.
N. Labuschagne	15	3	44	4
F. Trist	8	2	26	0
M. Mackenzie	10	2	28	2
M. Willis	3	0	8	0
H. Bissoon-Dath	5	0	34	2

Guy's *v.* R.N.V.R.

At H.O.P. Result : Won by 110 runs
21st June, 1953

Guy's

N. Cooke, l.b.w., b. Hawkey	3
W. Howells, b. Comber	104
M. Mackenzie, c. Henshar, b. Connolly	6
R. Elsdon-Dew, b. Hawkey	0
D. Tunnadine, c. Connolly, b. Hawkey	4
K. Tyrer, c. Kitchen, b. Cadenhead	11
D. Atkinson, c. Hoffman, b. Cane	81
F. Trist, b. Hawkey	3
M. Willis, c. Cane, b. Comber	6
T. Smith, not out	18
N. Labuschagne, b. Cadenhead	1
Extras	12
Total	249

R.N.V.R.	140

Bowling :	O.	M.	R.	W.
N. Labuschagne	9	2	34	1
F. Trist	12·4	3	32	3
T. Smith	8	2	14	3
M. Willis	8	0	27	0
M. Mackenzie	11	2	23	3

LAWN TENNIS

Ladies' Inter-Hospitals' Cup—Semi Final
Guy's *v.* Royal Free
20th June, 1953
Result : Won 6—3

NURSES' TENNIS

Guy's *v.* Westminster Children's Hospital
Guy's won, 6—0, 6—1, 6—0, 8—6
Playing : Sister Palmer Nurse Hybert
Nurse Taylor Nurse Putt

HOSPITAL INFORMATION

PASS LIST

UNIVERSITY OF OXFORD

D.M.

R. R. de Mowbray

UNIVERSITY OF CAMBRIDGE

Final *M.B.* Examination. Easter Term, 1953

Part I. Pathology and Pharmacology

*A. B. Aistrop	E. Moran
*R. W. Hall	R. H. Morgan
*P. W. Hayward	*I. R. D. Reid
A. J. Kenmuir-Evans	D. E. Tunnadine
E. K. Lee	J. R. Wood
J. C. Lindsay	

Part II. Principles and Practice of Physic

*A. B. Aistrop	*D. G. Montefiore
*R. W. Hall	*I. R. D. Reid
*P. W. Hayward	D. E. Tunnadine
*A. J. Kenmuir-Evans	J. R. Wood
*R. J. W. Lambert	

Part II. Surgery

L. J. Bishop	*D. G. Montefiore
*R. W. Hall	D. E. Tunnadine
*R. J. W. Lambert	J. R. Wood

Part II. Midwifery and Gynæcology

L. F. Brunt	*R. W. Hall
*N. P. Burns	*R. J. W. Lambert
W. H. Carling	*D. G. Montefiore

*Have completed the examination M.B., B.Chir.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

F.R.C.S.

Final Examination
May, 1953

R. A. J. Baily	C. P. Mills
F. G. Ellis	C. H. Talbot
D. G. Davies	A. W. R. Williamson

FACULTY OF RADIOLOGISTS

Fellowship

P. F. New

GUY'S HOSPITAL MEDICAL SCHOOL

GOLDING-BIRD GOLD MEDAL AND SCHOLARSHIP IN BACTERIOLOGY

B. H. B. Robinson — Medal and Scholarship
P. S. Boulter, M. W. Potts — Certificates

APPOINTMENTS

UNIVERSITY OF LONDON

Representatives on University Schools and Institutions

The following have been appointed or re-appointed as representatives of the University : Guy's Hospital Medical School : Mr. James Wyatt, F.R.C.S., F.R.C.O.G.
Royal Dental Hospital of London, School of Dental Surgery : Professor J. Whillis, M.D., M.S., F.R.C.S.

A. W. J. Craft, O.B.E., L.R.C.P., M.R.C.S., appointed Consultant in Orthopædic Appliances, The Orthopædic Hospital, Copenhagen.

APPOINTMENT VACANT

Applications are invited for the posts of **Assistant to the Director of the Student Health Service** (P/T) and Junior Lecturer in the *Physiology Department* (P/T). Forms of application are obtainable from, and should be lodged with, the Dean, Medical School Office, not later than **6th July, 1953.** Duties to commence 1st October, 1953.

PAPERS BY GUY'S MEN

Bradley, W. H. Articles in *Medical Annual*, 1953. Coxsackie Virus Infections, p. 130 ; Diphtheria : Factors Influencing the Incidence and Mortality, p. 142 ; Health and Survival of Infants in Different Social Classes, p. 203 ; Epidemic Influenza, p. 221 ; Rabies, p. 349 ; Salmonellosis, p. 384.

Bishop, P. M. F. Cortisone. Progress in General Aspects of Treatment. *Medical Annual*, 1953, p. 126.

Dinning, T. A. R. Osteoclastoma of the Petrous Temporal Bone. Report of a Case Benefited by Deep X-ray Therapy, *Aust. N.Z. J. Surg.*, 1953, **22**, 253.

Grasby, E. D. Y. The General Practitioner, Midwifery and the Law. *Med. Pr.*, 1953, **229**, 554.

Greenburgh, H., Robson, J. M., and Willcox, D. R. C. The Effect of Cortisone on Experimental Corneal Tuberculous Lesions. *Brit. J. Pharmacol.*, 1953, **8**, 120.

Horton, R. E. Surgery of Pancreas. *Medical Annual*, 1953, p. 313.

CHANGES OF ADDRESS

K. M. S. Hume, M.B., B.S., "Glaslyn", Cardiff Road, Dinas Powis, Glam. Tel. : 3277.

B. E. Lawson, B.D.S., "Novita", 2 Fryston Avenue, Croydon, Surrey. Tel. : Addiscombe 6104.

BIRTHS

ALLDAY.—On 8th June, 1953, at Ipswich, to Philippa (née Haynes, S.R.N.), wife of R. K. Allday, M.B., B.S.—a daughter (Margaret Anne).

HARRIS.—On 10th June, 1953, at Dundealgan, Deans Cross, Plymstock, to Gwen, wife of Brian Harris, B.D.S.—a sister for Neil.

HOLE.—On 28th May, 1953, at the Bridgford Nursing Home, Bognor Regis, to Iris, wife of Clive H. Hole, L.D.S.—a daughter (Karen Linda).

HUME.—On 9th June, 1953, at St. David's Hospital, Cardiff, to Rosamond (née Hyslop), wife of K. M. S. Hume, M.B., B.S.—a son (Charles Robert).

OPENSHAW.—On 29th April, 1953, at Glastonbury, to Susan, wife of William A. Openshaw, B.M., B.Ch.—a son.

RIPMAN.—On 13th June, 1953, at Red House, Sproughton, Nr. Ipswich, to Joanna, wife of Hujohn Ripman, M.R.C.O.G., F.R.C.S.—a son (Jonathan Wynne).

WILLIAMS.—On 14th May, 1953, at Pembury Hospital, Pembury, Kent, to Patricia, wife of R. I. J. Williams, L.R.C.P., M.R.C.S.—a daughter.

MARRIAGE

HUMPHRY—BLOWERS.—On 16th May, 1953, at Brandon, Suffolk, Michael Jarvis Humphry, L.D.S., to Patricia Elizabeth Blowers, S.R.N.

BDS. { E.B.D.T. P.S.B.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXVII. No. 1695 11th July 1953 One Shilling

PASSIM

RETURN TO PLENTY ?

Some hae meat and canna eat
And some hae nane that want it.

THE change from meat scarcity to plenty has reminded us that since 1939 we have been more than ever conscious of our food. The adequate, though dull, diet of the war and the slow improvement of the years following have made us welcome the betterment which has logically coincided with the release of our larder from official clutches, though, even now, leaving some items rationed.

The question is repeatedly asked in the Press and in conversation : " Why is there any rationing ? " and the answer is superficially difficult to find. What then is the background of rationing ? Perhaps it may be looked on as a pattern of closely related problems, those of Population, Politics and Prosperity. Firstly Population ; this is larger than ever before and consequently the food resources of the world have become increasingly strained. Secondly, there will always be a clash between political factions whenever control and subsidy of food are discussed. Last is Prosperity ; it is fascinating though galling to see how we in Britain are affected by the novel readiness of South Americans to eat their own cattle rather than sell them abroad. This reflects a prosperity engendered by high prices paid for the surplus from Argentinian and Urguayan dinner tables.

In the past many countries have been economically forced to sell produce which their own people needed, and this must stop. The vitamin deficiencies of war-time Denmark and the famines of the Far East must become only an evil memory, beyond thought of recurrence, when there is good husbandry of the world's resources. Even today the malnutrition of the East seems partly avoidable when we read of overflowing American granaries. This summer the sixpenny lettuce of Britain's markets must surely mourn its relatives ploughed back for lack of profit.

The medical profession has always been interested in problems of nutrition and great is the debt owed by the world to James Lind, Eijkmann, Gowland Hopkins and Drummond amongst many others who have worked upon the deficiency diseases and on the biochemistry of foods. Unfortunately as well as these great workers, the theorists and charlatans have had their heyday too ; an era of the " incipient this " and the " sub-clinical that "—conditions without either proof or, unfortunately, rebuttal.

With the welcome decline of rationing in Britain, slow though it is, we must temper our rejoicing with serious thought for the unsolved

problem of the real hunger of much of the world. The work of the world health and agricultural research organizations has never before been so vital and it merits international support.

Disease and hunger march in the same rank and the defence of the world against them forms not two separate skirmishes but one all-embracing battle. The fighters against hunger deserve well of all countries and in our agitation for better food, we must remember not only the alimentary opulence of America and some parts of Europe but also the starvation of the East. Although we have but ewe mutton we should say :—

But we hae meat and we can eat
Sae let the Lord be thankit.

On Friday, 3rd July, Professor G. Stead gave his Farewell Address in the Physiology Theatre before a large audience, among whom one could see many members of the staff of the Hospital and Medical School, besides numbers of students and numerous friends. Mr. E. G. Slesinger, who is Vice-Chairman of the Board of Governors, was in the chair. Professor Stead received a great ovation and delivered, entirely without notes, a fascinating account of the changes which have taken place in the Department of Physics during the thirty years he has been at Guy's. It was amusing—yet somehow singularly moving—to hear the Professor admit that, according to his calculations, he had delivered about three thousand lectures at the Medical School yet, as he put it, he was " something of a novice " at delivering a Farewell Address !

Mr. Slesinger in a witty speech at the end revealed the astonishing fact that thirty years ago the budget for the Department was a mere £800 per annum. Now it is something like £11,000.

Before and after tea the assembled company was able to inspect a comprehensive exhibition in the Physics Department showing the development of Physics as applied to Medicine during the last century, and particularly during the past 30 years. Old and new apparatus was to be seen in working order and one small exhibit which caught the eye included a specimen of a notebook compiled by a student in the last century compared with an example produced today. One could hardly fail to notice the superiority in the neatness and legibility of the writing in the older book, which, by happy coincidence provided a remarkable commentary to the discussions on this subject which are still being carried on in the *Gazette* and elsewhere.

We take this opportunity of saying that the special " Visitors' Book " which many signed that afternoon in the Physics Department, as a tribute to Professor Stead, will remain available in the Department for further signatures, and all who wish may add their names to the total. The book will be presented to Professor Stead when his retirement officially takes effect at the end of September, at which time his Farewell Address, together with a portrait and an appreciation, will be published in the *Gazette*.

To attend a teaching round by Mr. T. B. Layton is always a vivid and stimulating experience. Those of us who were privileged to be in

Addison Ward one afternoon last week were impressed once more by his profound knowledge of humanity and by the individuality of his clinical approach to a patient. The great Guy's clinicans of the late nineteenth century still live in Mr. Layton's vigorous words. To watch him demonstrate even so simple a procedure as turning back the bed clothes when preparing a patient for examination is to witness again the disciplines of half a century ago. Mr. Layton is a teacher of great eloquence : he casts his net into a deep intellectual ocean of personal experience and anecdote. It never returns empty.

Miss Dorothy M. Smith, who recently presided at the annual meeting of the Association of Hospital Matrons at Guy's Hospital, lately flew by Comet airliner to Rio de Janiero where she is reading a paper to the Quadrennial Conference of the International Congress of Nurses. Both Miss Smith and Miss Marriott (Matron of the Middlesex Hospital) are present as invited delegates.

After 27 years as Almoner to the Hospital, Miss Addiscott officially retired last month, though we are delighted to see her still working from time to time with the Department. To mark her retirement, we intend to publish in our next issue an appreciation, together with a portrait specially drawn for the occasion by Miss Sylvia Treadgold.

For some time, the disrepair of the gymnasium and its changing room has provided a woeful contrast to the brightness of much of the rest of the Hospital. The changing room in particular has not been a good advertisement for Guy's when we have brought in visitors from outside. Users will be glad to hear that redecoration is to start in the near future. Perhaps the Clubs' Union might also institute repairs on the weighing machine which was irresponsibly smashed some months ago.

Confusion worse confounded ! Spelling and grammar may not be our strong points, yet " Gent's Cloakroom " still clashes painfully on the eye inside Hunt's House. The somewhat vulgar use of the contraction is in clumsy contrast with the otherwise dignified surroundings. Standing on the first landing, and meditating regretfully on what seems a double lapse of taste, we turned our back on the offending words. On the door opposite we were astounded to see yet *another* literary monstrosity ! Smugly secure,† the fixing screws scarcely cool after their tortuous progress into the wall, we gazed at—" Ladie's Cloakroom " ! Was it imagination, or did Samuel Wilks move slightly in his gilded frame ?

We understand that there is no truth in a rumour, current among well-informed cricketers and their supporters, that the Silhouettes have lately issued a challenge to the Australian touring team.

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† *See note on page* 266.

GUY'S DIARY

JULY		Exhibition. Surgical Department. *Bone Tumours.*
14th	1.00.	Mr. Guy Blackburn. Clinical Lecture. *Stomal Ulcer.*
16th	1.00.	Mr. R. H. Brain. Clinical Lecture. *Empyema and Subphrenic Abscess.*
	5.00.	X-ray Meeting. Gordon Museum.
17th	1.00.	Dr. A. H. Douthwaite. Clinical Lecture. *Learning from Mistakes.*
21st	1.00.	Professor M. A. Rushton. Clinical Lecture. *Cysts of the Jaw.*
23rd	1.00.	Mr. F. N. Glover. Clinical Lecture.
	5.00.	X-ray Meeting. Gordon Museum.
24th	1.00.	Dr. W. N. Mann. Clinical Lecture.
25th	10.00.	Clinico-Pathological Meeting. Clinical Theatre.
27th	1.00.	Dr. A. W. Hind. Clinical Lecture. *Safety First for the Occasional Anaesthetist.*

OBITUARY

AMY ELIZABETH DAVIDSON, R.R.C.

MISS AMY DAVIDSON, who died a few weeks ago at the age of 87, had a long and distinguished career in the service of others. She was born in 1865 in London and at the age of 23 became a probationer nurse at Guy's Hospital. In due time she became Sister *Lydia* and in the Turco-Greek war served in Greece and received a medal from the King of Greece, before she returned to Guy's, for the service she had rendered his country.

In the South African war she was sent at the request of the Princess of Wales (afterwards Queen Alexandra) to take charge of No. 6 Johannesburg Hospital. For her outstanding work there she received a medal from King Edward VII.

Miss Davidson later became Matron to Gravesend Hospital where she remained for 20 years, and for her work there during the first Great War she received the Royal Red Cross from King George V.

During her retirement she lived in Kensington where, in the last war, she was severely shaken when a land mine fell near by, causing her to become partially paralysed. The years before her death were marked by the great courage with which she bore the burden of this sad affliction.

MATT WELLS

MATT WELLS died suddenly on June 27th. It is only a few weeks since the Boxing Club showed their appreciation of his past services by making him a small presentation on his retirement.

Matt was born in 1883 and made his name as a boxer at an early age. He was Amateur Lightweight A.B.A. Title-holder in 1904 and for the three succeeding years. He turned professional soon after and in 1910 won the Lightweight Championship of England by defeating Freddy Welsh.

Forty years ago he was a popular figure at the National Sporting Club and at "The Ring", Blackfriars, and his battered appearance was evidence of a strenuous pugilistic career, but it is as an Instructor that he will be best remembered at Guy's. He came to us in 1939, as successor to Alf Hewitt, and quickly established himself as mentor and friend of Guy's students. Apart from his technical excellence as a Boxing Trainer he exerted a very fine influence on his pupils. He taught them to train hard and to box hard but without animosity, to accept victory or defeat with equanimity, and to have high ideals of honour and duty. He had something of the qualities of character which made "Doc" Hancock one of the outstanding personalities of his day in the Medical School. Many of us will remember this kindly honest "man of granite" with affection and gratitude.

A.J.McN.

25 Years Ago

From Guy's Hospital Gazette, 14*th July*, 1928.

Hospital Appointments : *Assistant Anæsthetists to the Hospital*—

Mr. E. R. Boland, M.R.C.P., re-appointment for one year.
Mr. R. J. Cann, M.B., B.S., re-appointment for one year.

50 Years Ago

From Guy's Hospital Gazette, 4*th July*, 1903.

GUY'S HOSPITAL CHILDREN'S HOME SALE OF WORK AND GARDEN FETE . . . Those who were fortunate enough to be present in that canvas cauldron, the Entertainment Tent, will class the performances amongst the most brilliant ever held in connection with Guy's Hospital . . . Miss Coralie Blythe and Mr. Lawrence Grossmith delighted their audience with the tea-shop scene from the " Three Little Maids ". Miss Blythe was altogether charming, and her song " You Men ", was irresistible, whilst Mr. Grossmith as the fatuous Lord Cheyne kept his audience in fits of laughter, his song, " Algy's awfully fond of Algebra ", being particularly amusing . . . Mr. Brodie's singing of " Nothing New " and " Bobs has had some useful tips from me " was intensely comic. Miss Cordelia Grossmith accompanied. Mr. Charles Brown, of the Gaiety Theatre, and Mr. Woodward caused much merriment by their clever rendering of " The East End and the West ", from the Toreador. The motoring finale was funny in the extreme, and these gentlemen wish to express their thanks to the menials at the wings who so ably " made noises " . . . Mr. Ellis with his song, " Modern Love ", was at his drollest . . . It only remains to add, and we have authority for stating, that the financial result will come within measurable distance of the desired six hundred pounds.

75 Years Ago

From Guy's Hospital Gazette, *July*, 1878.

News has been received that our energetic fellow-students who offered themselves as Surgeons in the Kaffir war have safely reached their destination. We hope in some future number to record their exploits.

STUDENTS' UNION RIVER BOAT DANCE

On Friday, June 26th, The Students' Union presented a River Boat Dance on board the M.V. *Hurlingham*. The evening was warm and cloudless and by eight p.m. the boat was crowded with revellers and the air resounded to the gay rhythms of the Jack Lawrence Quartet.

At 8.15 the *Hurlingham* put off from Westminster Pier and the bar was declared open. The boat sailed up river in leisurely fashion and at 10 p.m. a landing party went ashore at the Hammersmith landing stage to replenish the stocks at the bar, which by now were sadly depleted.

Six determined stalwarts made their way to the " Doves " at Hammersmith and were soon seen returning, laden with crates of beer and cider.

By this time rumour had it that the Captain was to be set adrift in an open boat or marooned on Chiswick Eyot, but reason prevailed and the erstwhile mutineers were soon executing a skilful tango instead.

For many people it must have been a novel experience to see London from the river, albeit through the reflection of their partners' eyes.

In this manner did the evening continue and finally the Captain took his vessel downstream as far as Tower Bridge where for the last time our helmsman plied the wheel to bring us alongside Westminster Pier at the stroke of two o'clock.

A word of thanks is indeed fitting to those who organised this most successful evening, and that worthy ship's vintner, the landlord of the " Doves ".

Assuredly all hands had " danced and skylarked ".

M.W.P.

OLD AGE

A Lecture delivered at Guy's Hospital Medical School on 5th March, 1953

By C. A. BOUCHER, O.B.E., D.M., D.P.H.
Permanent Medical Officer, Ministry of Health

LADIES AND GENTLEMEN,—This is not a clinical lecture because I am not a clinician ; and I am not going to attempt to persuade you that the diseases of old people are fundamentally different from those of any other age group, but I am going to suggest to you that all doctors will be concerned to an increasing extent in the future with old people in various stages of ill-health or illness. The position has been very clearly stated in a recent report of a distinguished Scottish Medical Committee ; their report of December, 1952, says that the "Problems of the medical care of the elderly . . . are more domiciliary than institutional, and are more problems of social medicine and of medical administration than of clinical medicine. The essence of the matter is to assist elderly people to remain as long as possible in health and comfort in their own homes. Hospital care and hostel or other accommodation for the infirmed aged, ... are only supplementary measures. The stress must be laid, not on hospital geriatrics, but on what can be done to stimulate "eugeria", the condition of ageing, serenely, slowly and painlessly." As doctors we are all and we certainly shall be involved in this problem of old age (unless perhaps we elect to specialize in pædiatrics or obstetrics), and it is important that we get the matter in its right perspective ; in this connection it is of value to study the results of the Census of 1951.

Census, 1951. This showed that the population of Great Britain was 48,840,700 and of this number 6,627,900 were old age pensioners, that is men over 65 years of age and women over 60 years of age ; a proportion of 1 in 7 or 13·5%. This figure by itself does not necessarily mean very much and can only be of value if we examine recent trends and then look at the future. At the beginning of this century, in 1901, the population of Great Britain was 37,000,000 and the number of old age pensioners among them was 2,284,481 ; a proportion of 1 in 17. During this half century, therefore, there has been a total growth in the population of 30% but the number of old age pensioners in this population has increased by 300%, and in fact is increasing by a 100,000 persons every year. A fairly clear picture of the future is given us by the report of the Royal Commission on Population, 1949, which estimated that at the end of the following 25 years there would be an increase in old people over 65 years of age of at least 2,000,000 and probably 3,000,000. If that is so (and there is no reason to doubt this estimate), it means that in 1975 there will be nearly 10,000,000 old age pensioners in the population of Great Britain and this will give a proportion of 1 in 5, or 20%.

Another approach can be made by studying the expectation of life. For a male child born in 1881 it was 44 years, and now it is 68 years : for a female child born in 1881 it was 47 years, and it is now 71 years. This great change is due, of course, to advances in clinical medicine, to progress in public health, to better nutrition, and to better housing ; it will continue in this direction, thus lending support to

the existing evidence that the problem of the future is going to be the care of old people.

Dependants. We are, therefore, faced with a population which is going to show an increasing number of dependants. To some extent the increase in the number of old age pensioners is offset by the falling birth rate ; it would seem likely, however, that in the future a diminishing proportion of workers will be supporting an increasing proportion of dependants at both ends of life. This process will be hastened by the raising of the school leaving age and by the development of after-school training, and it is already being realized that the economy of the country can only be maintained at its present level by the continuation of old people in employment. Children under 15 and the old age pensioners account for 36% of the population of Great Britain : this proportion of dependants to adult workers has remained fairly constant over the last 100 years, but what has changed has been the type of dependant. Now a far higher proportion of these is formed by old age pensioners and these are more costly to maintain because of infirmity and chronic sickness, than are children.

Implications. Old age means the development of welfare services, and all political parties are committed to the welfare state. Politically it is a significant fact that old age pensioners and those within ten years of retirement age already provide more than one third of the Parliamentary voters. An increasing burden for the next generation will be the payment of retirement pensions. The cost of these retirement pensions in 1948 was £240,000,000 : in 1958 it will be £420,000,000 : in 1968, £580,000,000 and in 1978 £700,000,000. During these 30 years, therefore, the cost of retirement pensions will have trebled ; this is merely one aspect of the economic burden which will have to be faced.

Employment. I have already mentioned that there is increasing pressure to delay the retirement of old people, partly because it is widely felt that many old people have much to contribute even though they have reached retirement age : such a measure which will also increase the labour force of the country is desirable : and it is certainly considered by many physicians that a busy and satisfying life for old people is better for their health than one of forced retirement.

There are practical difficulties about this. There is less demand for craftsmanship, the retention of old people in employment delays the promotion of the younger people, and it is not always easy to find jobs suitable for their degree of physical stamina. It is not necessary to assume, however, that old people cannot do heavy manual jobs ; provided that they are used to this type of work, and provided that they can do it at their own speed, the results are successful and not detrimental to their health. About 50% of men over 60 years of age are occupied ; almost all of these between 60 and 65 years of age are occupied, and half of those between 65 and 70 years of age are likewise occupied. Nevertheless the proportion of men and women gainfully occupied is far less now than it was twenty years earlier, as shown in the Census of 1931 ; there may be some hesitancy on the part of

employers to employ because of the fear of illness and infirmity and, sometimes, because of superannuaton difficulties.

A very interesting publication from the Cambridge Psychological Laboratory, entitled *Skill and Age*, showed that old people were more thorough, more careful and more skilled than their younger colleagues ; their accident rate remained about the same and they showed less voluntary absenteeism. At the same time some old people do find considerable difficulty in maintaining the desired speed at the factory bench, and they are more valuable if placed in individual jobs requiring skill, experience and care. One of the big handicaps to the retention of old people in employment is the difficulty of travel to and from work, especially in the rush hours.

How do they Live ? There are many more old women than old men, and while two-thirds of the old men are married, less than half of the old women are married and about two-fifths are widowed. Three per cent. of old people are occupying some sort of institutional accommodation. The chronic sick wards in the hospitals are full, and at any one time possibly 40,000 old people are occupying beds in the acute wards ; 62,000 are living in residential accommodation provided by local authorities ; 13,000 are living in hostels established by voluntary associations ; many thousands remain in almshouses ; the mental hospitals retain about 32,000 aged patients ; a considerable number live in boarding houses and private nursing homes. Probably, therefore, about 200,000 old people are living in some sort of institutional accommodation and this accounts for 3% of the old age population. A tenth of the hospital beds of this country are occupied by the chronic sick, most of whom are aged ; and a quarter of the mental hospital beds are occupied by the same age group.

Twelve per cent. of old people are living entirely alone, while the remaining 85% are living with their families or with friends. We know far too little about these old people who are living at home, but according to the survey of old people in Wolverhampton which was initiated by Dr. Sheldon, it is estimated that in England and Wales half a million old people who are living at home are either bed-fast or are so infirm that they are never able to leave those homes. The Census of 1951 showed that 1 in 15 of the 13,000,000 households was occupied solely by a person over the age of 60. Many old people complain that these homes are too large to maintain, that the stairs are too big a handicap and that they have difficulty with the laundering of bed linen and the collection of food, and there is an increasing demand for one-roomed flats or bungalows ; experience shows in many cases that the increased rents in modern accommodation often makes it difficult for the old person to leave his unsuitable home which may, in fact, because of its cheapness, be on the top floor of a tenement building.

It should always be remembered that it is rare for an old person to want to leave his home and neighbourhood where he has put down his roots : he does not like change and in fact is often frightened of it. Nevertheless, we should consider the experience of the Hornsey Borough Council who built 34 cottages for old people ; four of the occupants had left three-roomed houses, 22 had left four to five-

roomed houses, and six had left six-roomed houses, while two had been bombed out. The provision therefore of the 34 cottages had released many rooms which could then be made available for young families with growing children.

Welfare Homes. Immediately after the war there was a great demand that old people who could no longer look after themselves should spend their remaining days in small pleasant homes (or hostels) rather than in the large institutions. It is doubtful, because of the increasing size of the problem, whether these institutions can ever be given up, but about 1,100 of such small homes have been established in the last few years ; each accommodates about 25 to 30 people who, because of infirmity or some other sociological reason, are no longer able to maintain their independence. There is a great demand for admission to these homes and it is doubtful whether it will ever be satisfied ; the building of new homes is costly and the finding of suitable premises for adaptation is becoming increasingly difficult. Dr. Sheldon, in his Wolverhampton survey, suggested that about 7% of old people who were living with their younger relatives were causing an excessive strain on these relatives : now, if these old people were transferred to welfare hostels it would mean another 15,000 would be needed, which is frankly impossible. It might, therefore, be better to reconsider the use of these hostels, and possibly to regard them as hostels for temporary accommodation rather than permanent occupation.

Hospitals. In England and Wales there are 53,000 chronic sick beds and about 90% of these are occupied by aged chronic sick and, as you well know, the pressure on accommodation is in many areas acute. At present the waiting list is about 8,000 and is slowly diminishing, but undoubtedly there is a large number of old people in their homes who are never put on the waiting list by their doctors because they despair of success ; if sufficient accommodation were available they would undoubtedly swell the numbers. Geriatric physicians have examined this waiting list and on an average they find that about 25% of the applicants do not require hospital treatment at all but, rather, institutional care. At the same time they complain that perhaps 20% of their hospital beds are occupied by old people who have sufficiently recovered to go home or to some welfare authority accommodation but this accommodation is no longer available.

The solution to this problem and to the real reduction of the waiting list is the proper use of the hospital beds and the provision of sufficient accommodation by the welfare authorities. The King Edward Fund has provided in the Metropolitan Area many " half-way houses " with the object of increasing the turnover of the hospital beds. The National Corporation for the Care of Old People is trying to establish " rest homes " which will accommodate those borderline cases who will sometimes be the responsibility of the welfare authority and sometimes of the Regional Hospital Board. One hospital board has tried the experiment of boarding out those patients in their chronic sick wards who no longer need active hospital treatment or rehabilitation but cannot be taken home : the experiment has not been entirely successful becase in some cases the old person did not want to leave

the hospital and in other cases the householder only wanted to take an old person who required no care and attention.

General hospitals are a little hesitant in admitting old people because of this difficulty of disposal and because they fear the length of stay of an old person in hospital. The disposal of individual cases is often extremely difficult but it is worth referring to the article by Graham (*Lancet*, 1951, ii, 931), and confirmed in another article by Amulree (*Lancet*, 1952, ii, 191), both of which showed that the average length of stay of aged patients was very little different from that of younger people ; but I agree in spite of this encouraging figure, that some of the patients present insuperable difficulties.

Accidents. In England and Wales between 5,000 and 6,000 people die every year as a result of an accident in their own homes and 60% of these fatalities occur in elderly people, and predominantly from falls and burning accidents. These accidents are emergencies which often require instant admission to hospital and, when considered in conjunction with road accidents to old people, are creating an embarrassment in some teaching hospitals.

Geriatrics. Before the war a few physicians were achieving remarkable results in the treatment and rehabilitation of aged sick. But little interest was taken in this until the years immediately preceding the National Health Service, when it was realized that thousands of hospital beds throughout the country were becoming blocked by this apparently irremediable mass of chronic sickness. After the war some of the younger physicians decided to take up this sort of work and they have been highly successful in showing what can be done, and the question is now being asked as to whether the care of the chronic sick should be part of the responsibility of the general physician or should be taken up solely by physicians who regard this as a whole-time occupation. The latter group is being looked at with uncertainty by some of the general physicians because they are doubtful of this need for a further speciality, but at the same time they themselves are aware of the sociological implications which affect the care of old people, and these require the whole-time attention of the physician.

Undoubtedly geriatric medicine is only one aspect of the picture and the geriatric physician, to be successful, must develop the closest co-operation with medical administration and with the local health and welfare departments. In addition the medical care of old people is not a subject which appeals to many young doctors and to some extent there is a vocational aspect. Finally, the geriatric physician will find himself faced with a waiting list ; to meet this problem he often does, with the consent of the G.P., domiciliary visits in which he may be assisted by his almoner or social worker ; the main purpose of these visits is to assess the need of the patient for admission to hospital after application has been made, and to establish the degree of urgency.

Clinical Aspects. The fundamental difference, I think, between the aged patient and the young patient is that you will often find in the former a multiple pathology. You will be confronted with diseases of degeneration rather than inflammation and you will see how physical

illness is often accompanied by mental disturbance. You will find from experience that old people can take modern anæsthesia very satisfactorily and can undergo major operations without disastrous results. You will find that orthopædic treatment plays an effective part in the care of old people especially when it is directed towards functional improvement.

Many old people are admitted to hospital in a state of malnutrition and anæmia, and with the treatment of these two conditions their general condition rapidly improves. Many show post-mortem evidence of advanced coronary atheroma with little atheroma elsewhere. Incontinence is a common feature accompanying other illness.

Acute illness in old people starts insidiously and is difficult to diagnose, and to your surprise you often find evidence of symptomless chronic disease which you had not expected. I am told that the results of surgery for cataract are excellent, as are the results of prostatectomy. In old people the range of normal temperature and pulse is higher, and blood urea may be 50 to 80 mg. per cent. without signs or symptoms. Patent ductus arteriosus has been described in a patient over 80 and compensated mitral stenosis has been found in patients over 60. With increasing age the reflexes tend to diminish : the ankle reflex is first lost and then the knee : the abdominal reflexes are less easy to elicit, and the pupil reflex becomes more sluggish : there is a gradual loss of vibration sense, and patch analgesia. There is, of course, a steady diminution in the senses of hearing, smell and eyesight. In short, diagnosis of disease in old people is less easy because of its insidious onset, and the treatment is less effective.

Mental Illness. On 1st January, 1952, out of a total patient population of 135,528 in the former County and County Borough Mental Hospitals 30,593 were aged 65 years or over, i.e., nearly one quarter ; and the majority of these were women. This increasing proportion of old people in the mental hospitals is becoming one of the urgent problems ; indeed you find in addition a considerable number of mental confusion or senile dementia in the chronic sick wards of general hospitals.

One of the greatest social embarrassments in the home is the old person who gradually becomes mentally confused and wanders about at night, until ultimately the family breaks up ; that person does not necessarily require certification but often this is the only method of obtaining institutional accommodation, and it must be remembered that certification affects not only herself but also her younger relatives with regard to such things as emigration, insurance policies, etc. A large number, therefore, of the old people in mental hospitals require merely institutional care ; many will not benefit by mental hospital treatment because of their extreme age, and by their very presence in the wards they delay the admission of young mental cases who will benefit from treatment.

Recommendations to meet this problem include the establishment of long-stay annexes and short-stay diagnostic and early treatment units, attached preferably to the geriatric unit in a hospital and visited by the consultant psychiatrist from the mental hospital. Such provision would prevent the stigma of certification and would enable the mental hospitals with their expert staffs to carry out their proper functions.

Psychiatrists will say that they could achieve far better results with such old people if they heard of the cases earlier, and it is undoubtedly true that many of the old people, for reasons of personal pride or embarrassment, remain hidden away in the homes of their younger relatives and only emerge for treatment when the position has become intolerable.

Conclusion. I have tried to suggest that by the time you qualify, and in whatever form of medicine you adopt, old people will present a very big problem to you. Probably half of the time of the general practitioners, the district nurse and the home help, and possibly the hospitals, is taken up with details of the care and treatment of old people ; and these medical and sociological problems of old age take time. The position has now been reached that owing to the great advances in the treatment of acute illness we are being left with a greater and greater problem of infirmity, and we are facing an increasing mass of chronic ill health and chronic disease. This is a field of medicine which is only being scratched at the surface, and much will have to be done in this sphere of degenerative disease.

Undoubtedly the home is the right and proper place for the old person to spend his life and therefore the general practitioner will be the main person concerned. To achieve the best results he will find that the purely clinical treatment of the acute illness will not be sufficient. He will find that contact with the Health Department, with the local Old People's Welfare Committee and with the local physicians specializing in geriatrics will bear the most fruitful results. Local authorities themselves are beginning to stress that the prevention, or anyhow the control, of degenerative disease is more important than the treatment of the advanced case. Some local authorities are establishing advisory health clinics for old people somewhat analogous to infant welfare clinics, and these are meeting with success. Some people are considering the advisability of routine health examinations, as practised in some parts of America, for the ageing and the aged. All are convinced that it is far more important to keep an old person healthy and active and leading a normal satisfying life than to place him in institutional accommodation, whether it be a welfare home or a hospital ; it is also more economical. There are not enough beds now in hospitals or hostels : it is doubtful whether there ever will be sufficient to meet the demand, and that is why we must turn our thoughts away from insitituional care to domiciliary care.

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† *Addendum to Passim, page* 257.

Our readers will be gratified to learn that the life of these notices has been measured in days. Since this issue of the *Gazette* was set up in print, both have been removed for amendment. The panel at the foot of the stairs alone still ekes out what must now be regarded as a precarious existence, and is the last survivor of this melancholy triad.

CORRESPONDENCE

Letters to the Editor of the Gazette

Noise in the Wards

From Professor G. A. D. Haslewood

SIR,—I would like to make a comment on the note from the Superintendent in your issue of 27th June about noise in the wards.

As one who spent a long time as a patient in one of the finest of the surgical wards, I would like to add my support to what the Superintendent says. The one really serious snag about being a patient in an ordinary ward in this most excellent Hospital is the great difficulty of getting sleep. One is continually being awakened during the day and at night there is too much light, and too much noise of various kinds, to enable even a tired person to sleep. This is particularly the case if one is of a temperament not readily capable of relaxation.

Anything that can be done to improve this state of affairs would add much to the already very great comfort and kindness offered to our patients.

Yours, etc.,

G. HASLEWOOD.

The Twilight of Calligraphy

SIR—As one who has reformed his handwriting from an almost illegible scrawl at the age of fifty may I suggest that the solution to the problem of bad writing lies in the adoption of a script based on the italic hands of the fifteenth century and the use of the tool, similar to that then used, which controls the hand as it writes, namely, the hard broad nib.

Yours sincerely,

Highgate. 2-7-53. Geoffrey Ebbage.

Mr. Ebbage adds the following note :

The script and the method of employment of the tool are described in " A Handwriting Manual " by Alfred Fairbank (Dryad Press, 1948, 5*s.*) and further information and bibliographies will be found in Wilfred Blunt's " Sweet Roman Hand " (James Barrie, 1952, 15*s.*) and Aubrey West's " Written by Hand " (Allen and Unwin, 1951, 7*s.* 6*d.*).

From Dr. E. J. Moynahan

SIR,—Surely prevention is better than cure, even with bad handwriting ! Therefore, whilst agreeing with any steps which may be taken to rehabilitate Dr. Mac Keith and the vast army of " illegibilliate ", I feel there is a more constructive approach to the problem.

Sir John Conybeare has drawn attention to the real reason for the degeneration of the medical student's calligraphy—namely the need to take hurried notes at lectures and on other occasions.

Now, Sir, shorthand notes, to be copied later at leisure in longhand, would ensure not only that the notes were read but would also preserve the writer's hand. Most of us write legibly, at least until we leave school ; the degeneration sets in, as Sir John has said, at the University.

Some public schools offer shorthand courses to boys (and no doubt girls) in

the sixth form, and it would be worth offering the medical student such a course in his first year at Guy's.

It is interesting that girls preserve their handwriting better than boys, and may be the more Italianate script that they are taught is less likely to resemble the track or spoor of the proverbial intoxicated spider when writing has to be done in a hurry.

Yours, etc.,

E. J. MOYNAHAN.

Psychiatry : A Mountainous Task. Loftier Peaks already scaled ?

SIR,—It is now five years since one department of this hospital planted a flag upon a medical Everest which was grossly deficient in oxygen. We understand from your last issue that another expedition is being organized in what may be claimed to be the more rarefied atmosphere of Psychiatry. We doubt if it will be able to achieve, with any justice, the pride of second place.

We have reason to believe that it was at about the time of the Coronation that the millionth wart was frozen in the Skin Department, without a fatality. Here, too, there were similar difficulties. The natural disinclination of the British Oxygen Company to transport its liquid product in thermos flasks imposed on our Sherpas the heavy burden of cylinders of another gas.

The tremendous challenge to the Dermatologist of a vast range of monticuli (their summits capped by carbon dioxide snow) seems to be more closely analogous to that of Everest than do the unfathomable oceans of the mind immersing the Psychiatrist.

We suspect that our climbing aspirations arise from a complex defined by some Olympian eponym ; but we shall patiently wait to receive our colleagues on equal terms, when Professot Picard has made a record descent in his bathysphere in time for the crowning of King Neptune.

Yours, etc.,

P. R. MONTGOMERY.

SPORT

LAWN TENNIS

Inter-Hospitals' Challenge Cup

FINAL

After defeating St. George's Hospital 5–3 in the Semi-Final of the Inter-Hospitals' Cup, Guy's (holders) met St. Mary's in the Final on Wednesday, June 24th, at H.O.P. The result, a convincing win for Guy's 9–0.

† *Team :*— J. Bullard & J. Osborn
F. Biddle & R. Elsdon-Dew
P. Frost & J. Quant

Thus the Hospital have won the Cup for three successive years. F. Biddle, J. Bullard and P. Frost have played in each of these Finals.

On Sunday, July 5th, Guy's met Winchester at H.O.P. and won 5–4.

† *A photograph of the winning team is published on page* 270.

Guy's 1st VI *v.* Mr. Blackburn's VI

The annual match between Guy's and the President's VI was played at Honor Oak Park on Sunday, 28th June.

After some most enjoyable tennis with keenly contested games the match was won by Guy's by 8 matches to 1.

Results.	*P. J. Dwyer and E. Searle*	*F. A. F. Biddle and P. B. Counsell*	*J. B. Blaikley or P. Marsh & M. Hume*
J. A. A. Bullard (Capt.) and J. W. Osborn	6–1 7–5	6–4 6–0	6–1 3–6 6–4
P. J. Frost and R. W. Elsdon-Dew	6–4 6–3	8–6 6–2	6–4 6–4
J. A. Quant and J. D. Chard or K. E. Thomas	6–2 6–3	6–8 3–6	6–4 6–2

NURSES' LAWN TENNIS

Nursing Times Challenge Cup

3rd round

Guy's played the North Middlesex on Wednesday, 1st July. The match was won, the score being 6–4, 6–1, 6–1.

The second team won 6–3, 6–0.

Players : Sister Palmer
Nurse Hybart
Nurse Taylor
Nurse Oates

CRICKET

Guy's *v.* Kenley

At H.O.P. Result : Drawn
27th June, 1953

Guy's

N. Cooke, b. Brown	38
W. Howells, l.b.w., b. Brown	18
D. Lipington, c. Gilham, b. Brown	9
D. Allen, st. Gilham, b. Brown	7
M. Mackenzie, b. Henshall	20
F. Trist, not out	11
M. Williams, c. Boyer, b. Henshall	0
D. Tunnadine, b. Henshall	0
J. Millar, l.b.w., b. Henshall	1
W. Knapman, not out	3
M. Willis, did not bat	
Extras	6
Total for 8 wickets	113
Kenley, for 9 wickets declared	155

Bowling :	O.	M.	R.	W.
F. Trist	16	4	44	0
M. Mackenzie	16	5	43	3
M. Willis	11	0	24	3
N. Cooke	5	0	16	2
D. Allen	6	0	23	1

Guy's *v.* Silhouettes

At H.O.P. Result : Lost by 55 runs
28th June, 1953

Guy's

N. Cooke, b. Barber	14
E. Gibbons, b. Barber	15
D. Lipington, l.b.w., b. Atkinson	11
F. Trist, b. Barber	0
D. Tunnadine, c. & b. Atkinson	21
W. Howells, c. Allen, b. Barber	11
M. Mackenzie, c. Thomas, b. Atkinson	6
H. Bissoon-Dath, c. Allen, b. Barber	10
M. Williams, not out	11
M. Willis, l.b.w., b. Bishop	12
T. Smith, c. Gilbert, b. Allen	3
Extras	4
Total	118
Silhouettes, for 6 wickets declared	173

Bowling :	O.	M.	R.	W.
M. Mackenzie	13	1	54	1
F. Trist	9	2	25	3
M. Willis	6	1	16	1
D. Tunnadine	4	0	16	1

Guy's *v.* Finchley

At H.O.P. Result : Won by 57 runs
4th June, 1953

Guy's

N. Cooke, c. Score, b. Davidson	19
W. Howells, c. Regan, b. Stacey	2
D. Lipington, c. & b. Holland	26
E. Gibbons, c. Holland, b. Davidson	2
D. Tunnadine, c. Mathews, b. Davidson	35
D. Atkinson, c. & b. Tiller	39
M. Mackenzie, c. Regan, b. Stacey	4
H. Bissoon-Dath, not out	12
T. Smith did not bat	
M. Willis ,, ,, ,,	
N. Labuschagne ,, ,, ,,	
Extras	12
Total for 7 wickets declared	154
Finchley	97

Bowling :	O.	M.	R.	W.
T. Smith	9·1	1	29	2
N. Labuschagne	9	4	16	2
M. Mackenzie	5	2	10	2
H. Bissoon-Dath	4	1	15	1
M. Willis	6	1	9	1
D. Tunnadine	3	1	7	2

Guy's *v.* Streatham

At Streatham. Result : Lost by 8 wickets
5th July, 1953

Guy's

N. Cooke, l.b.w., b. Keeping	0
M. Willis, b. Palmer	1
E. Gibbons, b. Keeping	9
D. Tunnadine, c. Browne, b. Palmer	10
J. Millar, c. Escourt, b. Palmer	7
W. Howells, st., b. Findley	19
F. Trist, c. Adkins, b. Keeping	24
A. Cahill, b. Findley	0
W. Knapman, b. Scott-Browne	6
N. Labuschagne, c. Findley, b. Keeping	2
B. Holmes, not out	4
Extras	6
Total	88
Streatham, for 2 wickets	89

Bowling :	O.	M.	R.	W.
N. Labuschagne	11	5	29	0
F. Trist	3	2	6	0
D. Tunnadine	6	2	22	1
M. Willis	5·4	0	22	1
B. Holmes	1	0	6	0

SWIMMING

UNITED HOSPITALS' ANNUAL SWIMMING GALA

At the U.H. Swimming Gala held in the Seymour Hall, Guy's successfully held off all challengers to retain the U.H. Swimming Cup.

P. Kendall started the evening well by winning the hundred yards free style. P. Hewitt won the hundred yards back-stroke and J. Kendall was placed second in the quarter mile. J. Allardice came third in the diving. Guy's won the Medley Relay comfortably, but the result was still in doubt until the six by one length relay had been swum.

University College Hospital had done well in the preceding races and had they won this event the trophy would have been theirs. However, in a very exciting race Guy's won by a touch and sealed the issue.

The Guy's Nurses' Swimming Team completed a successful evening by winning the Nurses' relay race.

In a game of many goals and changing fortunes Cambridge University Polo Team beat the United Hospitals' Team by ten goals to seven.

The following represented Guy's :—
P. Kendall, F. Richards, P. Hewitt, D. Rees, J. Allardice, J. Kendall, P. Wege, K. Thomas, D. Coppock.

Guy's Hospital 1953 Lawn Tennis Club
Winners of the Inter-Hospitals' Cup

K. E. Thomas *R. W. Elsdon-Dew* *J. W. Osborn* *J. A. Quant*
P. J. Frost *J. A. A. Bullard (Captain)* *Guy Blackburn, Esq. (President)* *D. J. Chard (Hon. Sec.)* *F. A. F. Biddle*

HOSPITAL INFORMATION

CHANGE OF ADDRESS

Alan E. McLauchlan, M.B., B.S., 58 Friars Street, Sudbury, Suffolk. Tel. : 2034.

BIRTHS

GREENBERG.—*On 12th June, 1953, at Queen* Charlotte's Maternity Hospital, to Leila, wife of R. C. Greenberg, M.B., B.S.—a son (Anthony Russell).

RICHARDS.—On 28th May, 1953, at Whitehaven Nursing Home, Hove, to Cherry (née Goodman), wife of H. H. Richards, M.B., B.S. —a son.

McLAUCHLAN.—On 24th May, 1953, at St. Leonard's Hospital, Sudbury, to Sheila (née Chittleburgh), wife of Alan E. McLauchlan, M.B., B.S.—a brother for Marianne (Christopher Alan).

ROBINSON.—On 24th June, 1953, at Old Court Clinic, Ealing, *to Gay (née Selig), wife of* Keith Robinson, M.B., B.S.—a son (Martin Clifford).

SHOTTS.—*On 28th June, 1953, at the West* Middlesex Hospital, to Barbara (née Layman), wife of Alan Shotts, M.R.C.S., L.D.S.—a son (Paul David).

THOMAS.—On 18th June, 1953, at Nuffield House to Jane, wife of R. S. Thomas, M.R.C.S., L.R.C.P.—a sister for David (Ellen Marion).

TYRELL.—On 14th June, 1953, at University College Hospital, to Pamela, wife of Martin Tyrell, L.D.S.—a son (John Glen).

MARRIAGES

GOODFELLOW—PARSLOE.—On 13th June, 1953, at St. Aldate's Church, Oxford, Capt. J. W. Goodfellow, R.A.M.C., to Anne Parsloe.

KLEE—WILLIAMS.—On 4th July, 1953, at Widnes, Lancashire, David Klee, to Gwyneld Williams, S.R.N.

DEATH

WELLS.—On Saturday, 27th June, 1953, at Catford, "Matt" Wells, aged 70 years (13 years trainer, Guy's Hospital Amateur Boxing Club).

Eds. { E.E.D.T. P.S.B.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXVII. No. 1696 25th July 1953 One Shilling

PASSIM

On being wrong

THERE are certain painful occasions of which most of us have had experience, when the whole fabric of society seems as it were to split asunder and reveal itself in two sharply defined groups of individuals : those who never put a foot wrong, and those who, like ourselves, frequently contrive to do so. Indeed it is only some peculiarly tactless remark, mistaken conclusion, or ludicrous answer on our part that seems capable of disclosing the full extent of the enormous gap separating the sheep from the goats ; for in the few instances when we have been original, clever, or logical, the glow of accompanying satisfaction illuminates all around us. Then we see our fellows as one grand companionable whole.

But for the person who repeatedly and consistently puts his foot in it the pattern of existence is plain. Not for him, he reflects, will generous headlines ever shout public praise in massive letters from a dozen daily papers : the spontaneous ripple of applause which greets another's timely words will never shatter the chilly silence that invariably follows his own. A senior examiner's approving smile : the urchin's grubby autograph book : official letters which " have much pleasure in informing " him . . . : the confidential aside—all must remain the perquisites of others. " The rest to some faint meaning make pretence " while he (having bought it *again* !) " never deviates into sense."

Let him take heart. If the pityful encouragement afforded by knowing that the man who never made mistakes never made anything, has, through continued usage, begun to wear a trifle thin, let him not despair. In a memorable clinical lecture last week before an audience which must (we believe) have included many a bewildered spirit, Dr. Douthwaite fanned once more the spark of genius within us.

A tendency to repeat a mistake, he declared, *is the sign of a logical mind.*

What a potent intellectual cocktail ! Dr. Douthwaite's dose brings encouragement flavoured with just that measure of reserve which prudence demands. The ingredients are rarified. Had he spoken of " mistakes " instead of " a mistake " the whole meaning of the words would have frothed into obscurity. As it is they invigorate with the discretion of experience. There is something in being wrong (occasionally) after all.

We offer our sincere congratulations to Major-General C. W. Greenway, C.B.E. (late R.A.M.C.), upon his appointment as Honorary Surgeon to the Queen.

We congratulate Drs. D. M. Carnegie, P. J. Helliwell, A. W. Hind and A. M. Hutton upon their election to the Fellowship of the Faculty of Anæsthetists of the Royal College of Surgeons.

On July 22nd Miss Louise Gertrude Oldendorff retired after 25 years' service at the Bath and Wessex Orthopædic Hospital. For the past 8 years she had been Matron. She received her early training and experience at Guy's between 1915 and 1923, and again in 1927, before she went to Bath. We extend our good wishes to her for many happy years of retirement.

Many of our readers, especially our seniors, will have enjoyed previous articles by Mr. A. R. Thompson, the Consulting Surgeon Emeritus to the Genito-Urinary Department. We are pleased to announce that during the next few months we intend to publish a series of his *Additional Recollections*. The first instalment is published in this issue.

Congratulations to the Ladies' Lawn Tennis Club on winning the Inter-Hospitals' Championship! This victory is, we believe, the first achieved by any of the various flourishing Ladies' Sports Clubs at the Hospital and sets the seal on a remarkably successful year at Guy's, who, of course, already hold the championships in Boxing, Tennis, Golf, Swimming and Shooting.

Our guerilla attack upon the gymnasium in the last *Passim* has attracted the attention of the heavy artillery of the Clubs' Union. We hasten to say that the changing room is now resplendent in its new cream paint. However, we daringly court further salvos and suggest that the attentions of a sympathetic plumber be directed to the showers. The controlling devices are not, these days, at their best and a warm shower can only be obtained by an undignified dash from the boiling water of one shower to the icy torrent of the other.

From time to time some question arises as to the authority with which the *Gazette* may treat matters on which there are differences of opinion. Despite its name, the *Gazette* is not the official publication either of the Hospital or any of its Schools. Views expressed in these pages do not, therefore, necessarily represent official opinion at Guy's Hospital.

GUY'S DIARY

JULY		Exhibition. Surgical Department. *Bone Tumours.*
27th	1.00.	Dr. A. W. Hind. Clinical Lecture. *Safety First for the Occasional Anaesthetist.*

OBITUARY

JAMES GEORGE TAYLOR, M.D.

DR. TAYLOR, who died on June 22nd, was for many years a consulting physician in the Chester area and at one time, like his father before him, was Consulting Physician to the Chester Royal Infirmary.

He was elected F.R.C.P. but, reluctantly, was forced to resign when he retired from his private practice and wished to sell it, this being forbidden then as now by the Royal College of Physicians. To his wife and two daughters we extend our sympathy in their bereavement.

OSWALD MARRIOTT, M.D., M.R.C.P.

DR. OSWALD MARRIOTT, who died on June 17th at the age of 79, was a distinguished authority on tropical medicine. He qualified at Guy's in 1900 and worked in Hong Kong for nearly 20 years, being associated with Sir Patrick Manson and Sir James Cantlie.

After his return to this country in the early nineteen-twenties he practised in London as a consultant in tropical diseases and was the medical adviser of many firms with business abroad.

We extend our sympathy to his widow and sons.

THE GHOULIFIN

Only a privileged few may be aware of the Night-Rounds conducted by this eminent amphibian.

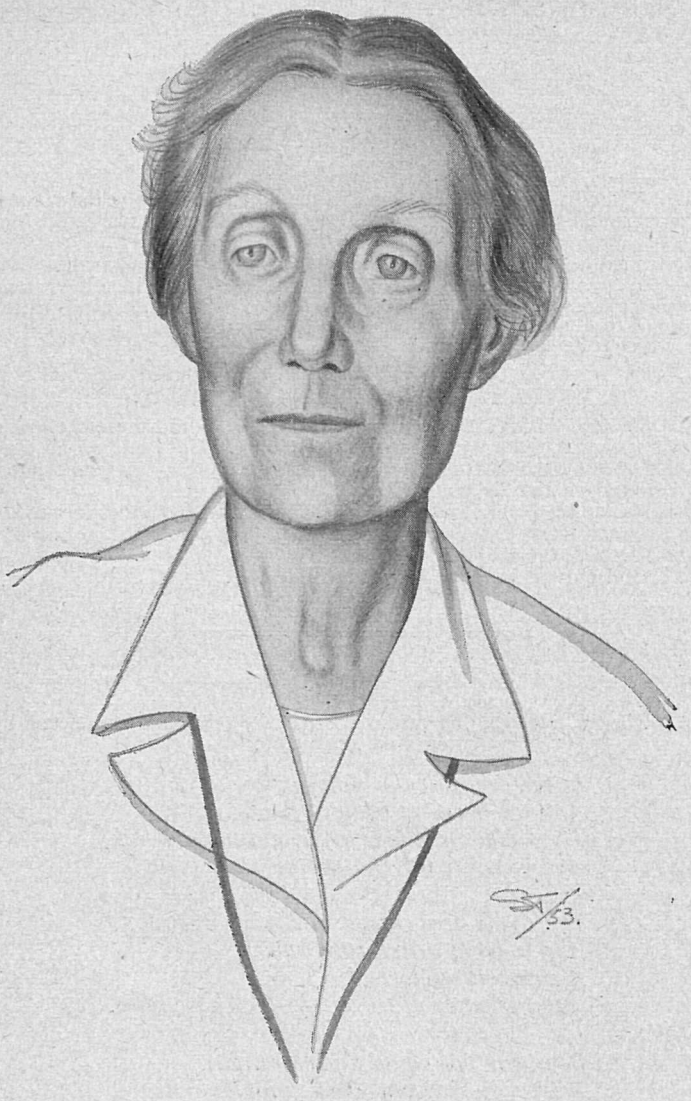
In the deeps of the Addison grotto
And the purulent eddies of John,
The Ghoulifin glides in the gormless gloom,
And gulps at the ghosts which are gone :

The shade of a corpse with a pleural rub,
And a nurse with a sago spleen,
A man with a normal E.C.G.
And the notes of the clerks that have been.

Pensively poised on a pectoral fin,
With a stethescope slung from his gills,
He tutors his school of the Ghoulifin firm
And feels with a flipper for thrills.

And when, in a terminal endocrine state,
He silently sinks to the slime,
A new Ghoulifin will emerge from the dead,
And swim to the surface, sublime.

A.K.H.



ELIZABETH ADDISCOTT

Guy's Hospital, 1921—1953

Almoner since 1927

MISS ELIZABETH ADDISCOTT

AN APPRECIATION

MISS ADDISCOTT retired last month from service to Guy's Hospital where she was Almoner for over a quarter of a century. A bald statement this ; but what a service to Guy's and its countless patients ! She was appointed to the staff of the Almoner's Office in September, 1921, and in 1927 succeeded the legendary Miss Grundy as Almoner.

The duties of the Hospital Almoner include " Assisting of patients to obtain suitable treatment other than medicine where so advised by the medical and surgical staff, such as appliances, dentures and treatment at convalescent homes and other institutions ". All this Miss Addiscott and her assistants have done efficiently, sympathetically and so unobtrusively that many of us in the Hospital might well be unaware that such things were done for our patients. It might be that we signed the prescribed form and told the patient to take it to the Almoner's office ; or someone we did not quite recognize asked for our signature and qualifications at the foot of a completed document that would ensure a child's holiday at the sea. We gave no thought to the work our request caused or to the consideration as to the most suitable convalescent home, the letters and telephoning, the interviewing and persuading of parents, that had gone before.

To know Miss Addiscott and her work we had to go into her department. And here was a surprising thing. We came to her office first—her assistants were beyond ! She could be approached by anyone and would listen to any kind of request that had as its motive the helping of a patient. It was then we discovered how much she knew about the patients of the Borough, their homes, their habits, their family troubles, their poverty and even their crime. Often she could give an answer from her extensive memory ; otherwise she turned to one of many exercise books on her desk and there in her own handwriting with many additions over years was the social history of the Borough family about which we were enquiring. Here in her office was revealed her true interest, the well-being of our patients. Here she showed her remarkable judgment of people, her quickness of decision or her ingenuity and tact. If no answer could be given, then give her time and a solution would be found. To her office we could bring patients and relatives in distress and, leaving them there, know that the sympathy, comfort and help she could give would be theirs.

So Miss Addiscott leaves us, and with her name added to the list of great Guy's women we say " Thank you ! " hoping that she will enjoy a retirement which, we suspect, will be spent in some form of service to others.

R.J.C.

Twenty-Five Years Ago

From Guy's Hospital Gazette, 28th July, 1928.

LAWN TENNIS. Guy's *v.* Prof. T. B. Johnston's VI.

. . . The Dean (*Professor Johnston*) arrived with a large supply of enthusiasm and several changes of raiment, including, we believe, 10 clean handkerchiefs. There was no doubt that he meant business . . . On the second court Mr. Pritchard and Mr. Eckhoff were knocking the covers off the balls. They were not so successful as their first pair, but Mr. Eckhoff has a conscience—he knew he had abandoned his firm, which was taking in. He also has a newly modelled knee joint and, under the circumstances, he produced an astonishing number of terrifying shots . . . Mr. Frank Cook and Mr. Lambrinudi constituted our opponent's third pair. They were the only couple on either side who played 9 sets, in spite of the fact that Mr. Lambrinudi had strained his tendo Achilles—as Mr. Cook said, " He knows the name of every damn tendon in the body ! "

Fifty Years Ago

From Guy's Hospital Gazette, 18th July, 1903.

We offer our heartiest congratulations to Mr. Langdale and his splendid cricket team. Good scores were put up against St. Thomas's and St. Bart's., good clean scores with a respectable margin of safety. But in the final, against St. Mary's, our men opened their shoulders and laid themselves out for a record. Five hundred and seventy-three runs were piled on for six wickets, Wyatt and Morgan, the not outs, contributing 166 and 132 respectively, and Barber 101. St. Mary's could only oppose 250 and 133, so victory was ours by an innings and 189 runs. The result is truly splendid, and aids in marking what is indeed a record year for Guy's. We have already achieved a rare academic success, and can now claim to be the premier athletic hospital of London.

Seventy-Five Years Ago

From Guy's Hospital Gazette, July, 1878.

. . . we cannot but express our gratification at the fact that a measure entitled " The Habitual Drunkard's Bill " has been read a second time in the House of Commons . . . It was pointed out that one great blot against the measure would lie in the fact that habitual drunkards are usually found amongst the poorer classes, who would be unable to pay the necessary fees for their maintenance in the institutions proposed to be established. It is a matter for grave consideration whether the community at large should be taxed to maintain persons who should be looked upon rather in the light of offenders against society than of those who have not the power of controlling their animal instincts . . . We cannot think we are guilty of exaggeration in saying that half the beds in our—or any other—hospital are filled by patients who directly or indirectly are brought there by the excessive use of alcohol.

GUY'S HOSPITAL LADIES' ASSOCIATION
ANNUAL GENERAL MEETING

The Annual General Meeting of the Guy's Hospital Ladies' Association was held in the Medical School, Guy's Hospital, on Tuesday, July 7th, at 3 p.m., and about 100 members were present including Lord Cunliffe, the Chairman of the Board of Governors. Mr. O. Gayer Morgan was in the Chair. Sir Geoffrey Marshall was the chief speaker.

The Dowager Lady Ebbisham spoke on the work of the Association during the past year and Sister Sinclair Brown, Assistant Matron, spoke in place of Matron who was then abroad.

After the meeting members were invited by the Governors and Matron of the Hospital to tea in the Nurses' Home.

After tea an exhibition of garments made by the Ladies' Association was on view, and the trolley ready stocked to go round the wards could be seen.

G.A.

ADDITIONAL RECOLLECTIONS OF A. R. THOMPSON, Ch.M., F.R.C.S.

THE FINAL FELLOWSHIP

IN the following excerpt I propose to record my experiences of the Final Fellowship Examination, when I was a candidate in 1902. Amongst other candidates who came from Guy's Hospital there were N. F. Ticehurst, a Cambridge man, who, like his brother, C. B. Ticehurst, became a great authority on birds and bird life, F. G. Cross, a New Zealander who had taken up medicine rather later than most students at that time, and died some years ago. A short obituary notice about his career written by the late H. L. Eason appeared in the *Gazette*. He was a great man with the ladies, for he was good looking, and somewhat cynical, though pleasant withal. There was also Dudley Greenfield of Rushden in Northants, the crocketed spire of whose great church can be seen for miles away. His valuable life was barely saved from typhoid fever which he contracted in South Africa during the war there and who also died recently.

Among others I remember were Robinson, who, until recently, was a surgeon at Oxford, and Camps, now in practice at Twickenham. I think that a man named Copley, like Cross a New Zealander, had only just passed the Primary Fellowship, and within a few weeks, had also passed the Final Fellowship examination. In some ways the cleverest of all the candidates was Hicks, who was a post-office medical officer, and, later, gynæcological registrar. He afterwards went to Derby where he practised as a gynæcologist, and obtained a great reputation in this town. For my own part I may say that I had passed the Primary Fellowship examination in November of the previous year, the only successful candidate out of nine from Guy's, but of those that I have mentioned, there was not a single failure. I had, therefore, a good background of anatomy, which I kept up, as I was always fond of this subject. I may mention that in November, 1901, when I went up for the primary examination there was one examiner who conducted tutorial classes in physiology, which were well attended. At demonstrations, which were held just before the examination he had gone most carefully over the subjects, which happened to form the subject of questions that were, in fact, set at the examination. This was in some way discovered, and all the candidates from his school, who came up for the examination were " ploughed ". There was very general feeling that he had behaved badly, but there was also great difficulty in legislating against such dishonest methods and, although much was said, little was done.

I was appointed house-surgeon at Shadwell in 1902, and here I kept a notebook, and in it recorded interesting and instructive cases as I saw them. I wish that I had that notebook now. It cost two pence, and it was bought in the Commercial Road. By the time it was finished, it was full of good things that had been seen or heard from Dunn, and others who were connected with this hospital, to which were added notes culled from articles in the *Lancet* and the *B.M.J.*, notably one by Symonds on obstruction in the œsophagus, and how the lower end obstructions were due to cancer, and how the upper end ones might be less malignant, and indeed syphilitic. In addition to this book, I knew the latest edition of Erichensen's " Science and Art of Surgery " which was edited by Marcus Beck and Raymond Johnson. Beck suffered from diabetes, and was a little uncertain in his work, but was a good teacher and operator. Raymond Johnson was a small man with a red peaked beard, who had a good reputation as a teacher. Both were at University College Hospital. I read also Bowlby's " Surgical Pathology " and I am inclined to think that this work coloured much of my knowledge in after life, when I tried to dispense some information to my students. It certainly influenced my thoughts. If these facts make a good book, then Bowlby's book was very good. This book has now been edited by others than the original author, almost out of recognition. I determined to know my anatomy as well as I had known it for the primary examination, and I used to sit for hours over the wax model specimens which were to be found at that time in the old light department behind the eye wards.

I had great luck in the four questions that were set in the paper. The questions dealt with first, diseases of the pancreas which I had read carefully in the ordinary course. Secondly, there was a question about aneurysms, in which subject I had always taken great interest. There was a question on mediastinal abscess, in the third place, and I had seen an excellent example at Shadwell, and fourthly there was a question on proptosis of the eye ; the importance of an article on this subject has been

previously pointed out. The written part of the examination was held on a Friday, and on the Saturday I played for Guy's against the Old Merchant Taylors, and sold a dummy pass to my opponents and, thereby, gained some ground, and much amused the old international Dudgeon, who had returned on leave from Egypt, and was watching the match. The clinical part of the examination was at that time divided into parts, the first part being the examination and criticism of a case, which took some time, and the second part consisted of short cases. The long case was that of a small boy who had a " lump " in his left clavicle. I elicited the fact that he was a patient at King's College Hospital, under the care of Mr. Watson Cheyne. He voluntarily told me that Cheyne considered his case to be one of myeloid sarcoma. This was useful information of a very definite nature and my written commentary was directed to the fact that the case could be nothing else than this endosteal form of growth.

The so-called short cases then occupied my attention. I was the last candidate, and F. G. Cross had rather alarmed me by stating that Cheyne was a hostile and unappreciative examiner. To my horror he confronted me, but I found him most sympathetic, and his eye, which was cold and blue according to Cross showed a gleam of kindness, and he was very kind to me. The first case was that of a woman who was lying on a couch and, on a chair by her side, there was a clean glass of water and a spatula in it which had apparently not been used. There was an oval lump over the right great trochanter, which looked rather nasty. She spoke with a husky voice, and I thought that this indicated that the spatula should be used. I therefore examined the mouth with it, and found a large ulcer on the left tonsil, the surface of which was covered with a characteristic " wash leather slough ". I diagnosed the lump as a gumma. I fancy that I was the first candidate to use that spatula, although I was actually the last candidate up for the vivas. Whilst I was suggesting taking the case into hospital, and giving her large doses of mercury and potassium iodide, others had suggested the need for a hind quarter amputation. The next case was one of congenital talipes equino-varus, which I discussed adequately, and cautiously, Cheyne all the time looking at me with his Norse blue eyes (he came from the Shetlands). At the end of this viva he showed me another case, about which I stumbled a little, and he told me not to be foolish, and then the bell went, and I left the room in a cringing state of funk.

The next part was in operative surgery, and Pearce Gould and Jacobson were the examiners. I was asked to tie the popliteal artery, and excelled in the way that I ordered the attendant about, which I was warned was necessary. The operation was done successfully and, then to my horror, I was told to do an amputation through the knee joint which had been devised by Stephen Smith, and bore his name. The semilunar cartilages were preserved and laid on to the lower end of the femur, so that some nicety was required to avoid damage to these structures. I say that I was horrified for, to speak the truth, I had not done the operation recently, though I was familar with it from the books. I had attended a course of operative surgery at the Dreadnought Hospital at Greenwich, the history of which may be interesting. Johnson Smith was the superintendent, and there were many bodies there of seamen who were unclaimed. So Johnson Smith thought very properly that he might add to his income, and impart knowledge, by holding classes in operative surgery. I had already attended one course as at the time there was unlimited material. But as Stanley Hodgson was willing to come with me and share the expense of the class, I went down to Greenwich in order to get the necessary instruction again. But subjects were not so frequent as they had been, and Johnson Smith told us that it was not possible for us to do the amputations about the knee joint. So we read them instead of doing them. I do not recollect that he offered to reduce the fee for this omission. The course was, however, a most excellent one, and the operations were very well supervised by the teacher. Thus, I say that I was horrified at being asked by Pearce Gould to do Stephen Smith's operation. In the first place I was not familiar with the knife that was used for the operation. I thought for a moment, and laid two knives down, a large amputating knife and a scalpel of ordinary size. Pearce Gould went away and came back in a hurry, and I waited for him to come back, and this he did in a great hurry and asked me what I was waiting for. I told him that I was waiting for a knife intermediate in size between the very large one and the smaller one. He said that he was in a great hurry and begged me to " carry on " with the scalpel, which I did. The operation which was begun under these fortunate circumstances was carried through without a hitch, and I remember how nice the cartilages looked at the inferior end of the femur.

Next day, at Guy's, Jacobson beckoned to me to speak to him, and told me that Pearce Gould had given me an extra mark, not for the brilliant way in which I had done the amputation, but because I had ordered the attendant about so admirably. The oral examination in anatomy was on the next day, and I was examined by two men of very different types ; Godlee who knew his anatomy, and Eve who did not. Eve asked me the questions. I was not worried by the questions, even though he took me over the sympathetic system, but eventually he " caught me out " over the otic ganglion from within. I confessed that I did not quite know what it was, and Godlee, who had moved away, came hurrying up to Eve, and said, " So you have caught the candidate at last, Mr. Eve." The bell sounded almost immediately after this, but Mr. Godlee's voice, full as it was of encouragement, is, even now, more than a whisper across the years. I may add that Stanley Hodgson went to Salford, married a sister in the accident ward at Guy's, and become a coroner in Manchester and lecturer on Forensic medicine in the university there. He became a member of the bar, and had been called before he left Guy's, or perhaps had only eaten the necessary dinners before one can be called to the bar. He was one of the cleverest students whom I ever met. When he was up for the final conjoint midwifery he was actually doing the dressership in that subject, and assured the examiners that prolapse was not at all common, and when asked what hospital was his alma mater, he said, " Guy's ". They asked him if it did not occur there, and he said it was rarely met with. As he was doing the appointment of dresser at this time in the gynæcological department he thought he would go down for the first time after he had got through this examination and he found that almost every other case was one of prolapse. But, knowing Hodgson, I suspect that he answered very correctly other questions which were put to him. He died in Salford, Manchester, at the end of 1952.

My luck was still to hold in the final part of this examination, namely that which tested the candidate's knowledge of pathology. This was held under very comfortable circumstances at the College. Here candidates sat on leather covered chairs and the tables which separated the examiners from the candidates were covered with museum specimens in bottles and green baize was spread upon the tables. About eighteen months previous to this examination I had gone home, and in the absence of medical literature, had thought over the problem of cancer. I established to my own satisfaction, that cancer might develop on the top of fœtal remnants. I collected together in my mind all the places where fœtal remnants and cancer had occurred. After a week's holiday I went back to Guy's, and found that one Cohnheim had anticipated me by several years. I was bitterly disappointed, but thinking over the matter had been very useful to me, for I was asked by Makins who was the examiner in this subject to give him Cohnheim's ideas about the origin of cancer, and I was able to do so in a clear manner. I had also seen a case of tuberculous disease of the spine in which paralytic symptoms had appeared, and I was quite at home when I was asked about the cause of the paralysis. That finished the examination, and I got through, and thus became F.R.C.S. Hicks also passed the examination, and also got an extra mark in operative surgery because a bible christian, who belonged to a different school of religious thought from Pearce Gould and had come to the examination to pick up some wrinkles for his class, ventured to smile at Hicks' difficulties. Pearce Gould saw the spectator smile, and was very angry about such uncalled-for merriment.

I did not have the same luck in my mastership of surgery, for I was " ploughed " twice in this examination. But Ogilvie says rightly that it is unsafe for one to go up for this examination armed only with one's own experience. One is not in a position to discuss all round a case if one only knows what one has seen. I am very proud of my mastership. The examination was a stiff one, and comprised bacteriology, including a practical examination, and ophthalmology. The anatomy was conducted by professional anatomists, who are liable to ask questions which have few surgical bearings. From this examination I learned that conceit and ignorance may be the parents of impertinence, and an examiner would be more than human if he were to tolerate impertinence shown by a candidate. But we must now move from the candidate's specimen table to the examiner's chair. I was an examiner for the Primary Fellowship for five years from 1918–23. The history of my obtaining this post, and my experience therein will be related in a following excerpt. As they are intimately associated with my membership of the Anatomical Society of Great Britain and Ireland, hereinafter known simply as the Anatomical Society, I shall take notice of some of the members of this society, as well as of the Primary Fellowship examination.

(To be continued)

ON BEING UNEMPLOYED IN NEW YORK

By MOYA WOODSIDE *

It isn't much fun. Probably it wouldn't be much fun anywhere (this is your first experience), but here in this vast city, overshadowed by great cliffs of brick and stone, its streets thronged with millions of indifferent human beings, the cold wind of economic competition blows more mercilessly. As the weeks go by, you watch with almost clinical detachment the changes in your mental state : observe confidence ebbing away, hope replaced by disillusion, energy succumb to feelings of futility. You look at people with a different eye, envying perhaps the post-office clerk behind his grille, the sales-girl, even the Negro lift attendant. They have jobs, have their status, however humble in society—and you haven't. The fur-coated matrons who crowd against you in bus or subway, returning from lunch parties or shopping expeditions, seem unendurably smug and secure. College students, clutching armloads of textbooks, appear to live in a long-lost carefree world. That's how it feels.

How did this happen ? You came over from London early in the autumn, expecting to work on the research staff of a well-known institution, but unfortunately the financial arrangements fell through. " Don't worry " said friends and well-wishers. " With your qualifications, you'll soon get something else. Besides, everybody is crying out for psychiatric social workers." Thus encouraged, and supplied with suggestions for " leads " and " contacts ", you set forth on the search.

Soon it becomes apparent that there are many bars and handicaps which your friends in their optimism overlooked. U.S. citizenship, for instance. That's reasonable enough, but cuts off all employment in government or local authority service. Then unsuitability of time. Research appointments, you discover, are as much seasonal as fruit-picking or new hats at Easter. The heads of Foundations and of other agencies with research divisions are interested enough in your experience but point out that projects are normally approved and funds allotted towards the end of the academic year, not (reprovingly) in mid-November. " Get in touch with us again in six months or so " they recommend. Next handicap is the non-transferability of educational attainment, which you first encounter when filling in forms at the State employment bureau. You try to explain to the supervisor that a British education does not fit neatly into ruled-off squares marked " Years of High School ", " Years of College ", " Major " and " Minor " subjects, " Grade ", " Instructor ", etc. You assure her that your professional qualifications are the equivalent of similar ones in the United States, unembellished though they may be with " Master's Degrees ", but she still looks dubious. " We can't evaluate you " she says. (This problem of international " evaluation "

Mrs. Moya Woodside is Research Psychiatric Social Worker at the York Clinic.

is to become one of the principal stumbling blocks in all your applications.)

You painfully accustom yourself to the environmental difficulties and discomforts attendant on job-hunting in unfamiliar territory. New York's subway is designed for people who know where they are going, not for map-dependent strangers. Directions are few and far between, there is rarely a porter or official about, one's fellow-travellers push past in haste. Bus drivers are truculent and discourteous, like as not to slam the doors in the face of inquiring and uncertain passengers. Then there are the secretaries, all-powerful beings on whose word and mood may hang your fate. White-coated, or in black silk and pearls, or as a hostile voice on the 'phone, they adopt a fiercely protective role towards their employer. You ring up and ask to speak to Dr. So and So. " He's engaged right now. Can I help you ? " " When would I be able to speak to him ? " you ask, explaining that you are not a prospective patient. The secretary does not know ; Dr. So and So is always busy ; his movements are unpredictable. " What is it *about* ? " she persists. Reluctantly you state your interest, well aware that the euphemistic phrase " might know of research opportunities " does not conceal from her your inferior job-seeking situation. Either she may say flatly that there are no openings ; or she promises to speak to Dr. So and So to find out when he can see you, and there, often, the matter ends. Unless you can get in above the secretarial level, your chances of an interview with heads of institutions or busy doctors are small.

Even granted this privilege, there are still the last-minute cancellations, the waits. You sit in over-heated professional " offices ", leafing through irrelevant magazines ; on benches in out-patient departments ; in dark and draughty corridors. Everybody else is occupied ; only you have nothing to do. After an hour and a half thus spent one day outside the Director's office in a psychiatric hospital, you sink into a semi-catatonic stupor, almost wishing you may be mistaken for a patient and carted off to vegetable existence in the wards.

The State employment bureau sends you for an interview at an Unmarried Mother's Home, where a social worker is wanted. The superintendent is pleasant, the place sounds progressive, the work interesting and something you feel you could do. Your qualifications, though not exactly as expected, might be all right. But the conversation then takes a more searching turn. " Is your approach Freudian or Rankian ? " inquires Miss X. This you parry by telling her that the training of British social workers is eclectic, not owing allegiance to any particular analytic school of thought. " Do you understand process dictation ? " was the next question. Seeing your bewilderment, she explains. Following each interview with a client, the case worker records it as verbatim as possible into a dictaphone, adding her interpretation of the psychological processes which she considers are at work. The record is typed off, given back to correct or amend, then gone through at length with the casework supervisor who discusses interpretation, handling of transference, the worker's own attitudes, etc. Thus described from the outside, it sounds so complicated and

so remote from the girl, the unmarried mother, whom you are presumably trying to help, that the impression is conveyed of interviews conducted mainly to furnish fodder for the supervisory process. This supervision, you are informed, continues for four to six years after a case worker is qualified.

Baffled by these glimpses of an unfamiliar world, and realizing the necessity of having your experience " evaluated " in authoritative manner, you go and talk to various members of the hierarchy of American social work at its leading school. There, the nature of practice in the larger cities of the U.S. is kindly but firmly explained. " Ordinary " case work, as you know it, appears not to exist or is relegated to a lowly position in the public relief agencies. Sometimes known as " environmental therapy ", it has place in the training of beginning workers, soon to be left behind for the more ambitious " relationship " and " insight therapy ". In the same language, you don't help people, you " treat clients ". Problem areas are explored, behaviour mechanisms dissected and interpreted, the client (who may unsuspectingly have come in to ask for some advice on, say, the placement of aged relatives) assisted to reintegrate her personality. To be accepted as a practitioner of this art, you would have to re-train on probation for at least nine months under the close supervision of an accredited worker. The authorities are discouraging about your being able to " take " this conventual discipline, and suggest it would be better to try for a post in remoter areas (such as Texas or Alabama) where standards are less exacting.

Time goes on. You sit dejected in your room, brooding on the inadequacies of your equipment as a wage earner in this Transatlantic culture. The difficulties of refugee friends which you thought in the past you had well enough understood, now take on—in casework terminology—more meaningful aspects. You get a Sunday paper and turn over page after page of advertisements for mink coats, jewellery, " amusing " Christmas gifts, in search of that unglamorous column headed : " Help (Female) Wanted ". The 'phone rings. " This is Dr. Z., of the Blank Foundation. Would you be interested to take charge of a birth control project in Puerto Rico ? " He outlines the details ; it sounds possible ; mentally you are packing your trunk when he adds, as an afterthought : " Of course you need to speak Spanish ". Next day it is an employment agency who 'phones, offering a residential job in an institution for mental defectives, many miles outside New York. You know what this means, you cannot face its isolation, you decline. What, you wonder, will tomorrow bring ?

NOTICE

A Postgraduate Course for Doctors on : *Chemotherapy in the Treatment of Tuberculosis* will be held at the Anatomy School, Cambridge, from September 1st—4th next.

Particulars may be obtained from the Secretary, Tuberculosis Educational Institute, Tavistock House North, Tavistock Square, London, W.C.1

CORRESPONDENCE

Letters to the Editor of the Gazette

The Coronation Gifts

SIR,—I am sure that all members of our staff were sincerely appreciative of the gifts of crown pieces and ash trays to commemorate the Coronation. It is doubtful, however, if any individual felt able to write in to say " thank you ". May I therefore be allowed, on behalf of us all, to express publicly our thanks to the Board of Governors for this generous and thoughtful gesture ?

Yours, etc.,

W. DENYS GIDDEY,

Chaplain, Guy's Hospital.

A Guy's Dinner in Essex

SIR,—Following the successful dinner of Guy's men at Ipswich which was noted in your columns, we would be grateful if you could insert a notice in the *Gazette* drawing attention of all Guy's people including nurses, masseuses, or any other people trained at Guy's who would be interested in attending the next dinner which is to be held at Colchester on Friday, 9th October. We would be very glad if they would get in touch with " Guy's Dinner ", Barton House, Halstead, Essex.

Yours, etc.,

Barton House,
Halstead, Essex.

J. G. SPILLER,
E. J. F. KING,
R. A. ALLEN,
S. PARKER (née Burleigh),
Organizing Committee.

The Pavy Gymnasium

SIR,—Everest seems to be the current simile, and your readers will have noted that the world press refrained from animadversion until conquest had been achieved, when it burst forth with an apposite pæon of praise.

The dust of disintegrating distemper in the changing-room of the Pavy Gymnasium could possibly have been compared to the plume of snow from the North Peak, but users of the gymnasium will be glad to hear that this is now a thing of history, and that the walls and ceiling are now neat with plastic paint. Duckboards will shortly protect the feet of the changing athlete, and the Gymnasium itself will soon sparkle in a new coat.

In defence of the Clubs' Union I would like to point out that maintenance alone of the Squash Courts and Gymnasium costs £240 yearly, a sum which represents five per cent. of its total income, so that manifestly repairs and redecoration cannot reach the standards of the Alpine Club of Darjeeling.

May I finally respectfully suggest that until the weighing machine is replaced, the Editor weigh himself in one of the wards, or if he is too self-conscious for this, place a penny in one of the correct slots on London Bridge Station ?*

Yours, etc.,

P. A. LANE ROBERTS,

Secretary,
Guy's Hospital Clubs' Union.

**(This valuable suggestion takes a great load off our mind. We are, indeed, too self-conscious to throw our weight about unduly in the wards ; but on a basis of in for a penny in for a pound, fourteen visits to London Bridge Station should enable us to decide who has cast the first stone.*—EDITOR.)

The Twilight of Calligraphy

SIR,—It was with particular interest that I found from the new *Gazette* that the question of handwriting was arousing interest, for I am able from personal experience to confirm Dr. Mac Keith's suggestion that it is possible to improve one's handwriting at any time. Until as recently as February of this year my own writing represented as wretched an example of " doctor's scrawl " as you could wish to avoid—probably Miss Sidney could find you examples dating from the time I was editor, and there are doubtless many about the place from my more recent pathological days. Then shortly after coming up to Cancer Research here I happened to see an exhibition, a small one, put on in the University by one or two enthusiastic dons to bring the advantages of good handwriting home to the students, and in particular those of this script I am using, the *cursive italic* script. I have myself in the past tried from time to time to improve my writing (notably at examination times !) but have been beaten by an entire lack of any real foundation—and we all know the impossibility of building permanently without a secure foundation. Having decided to make the change myself I brought a booklet called " Good Writing " by W. Worthy—2*s.* and the cheapest of several available. This gives one advice on pens, etc., to start with, for the right pen is a great help—I use a " Calligraph " fountain pen but good nibs are available. Then one proceeds to master the basic strokes which I think are the really important thing, because once they are mastered one finds that one has the foundation which prevents undue deterioration *even when one writes at speed.* Thus rough notes or examination papers, if less legible than this, remain reasonably so and keep their general character. (In any case the amount of " flourish " one likes to use as decoration is purely a matter of taste and can be varied once one has the basic style.)

Some hard work for 10 to 30 minutes a day for the first few weeks are called for ; after that one has the pleasure—a very real one—of seeing improvement as one writes normally. Why not try it ?

Yours, etc.,
JOHN O. LAWS.

13 Caythorpe Road, Leeds 6.

Dear Sir,

I do not pretend that this is perfect but I hope it will prove to Conacy that it is never too late to mend. The Japanese usually appointed the most eminent calligrapher as Prime Minister. As an ex-Conacy-HP I have no such ambitions, but this is what Abrey West's "Written by Hand" can do for you in one year.

Here is the horrible scribble that I used to indulge in when resident in the College. I doubt if Conacy or anyone will recognise it anyway. My Out-patient Notes are no longer the illegible mess that formerly afforded the eyes of all who could decipher them.

Yours truly,
H P Cummiskey

P.S Respect my anonymity please

SIR,—Having myself changed my own style of handwriting during the past six months, I read Dr. Mac Keith's letter in your current issue with great interest.

As one who is by nature lazy and possessed an almost illegible hand, I can assure Dr. Mac Keith that to change one's handwriting, even in one's *late* twenties, is not only possible, but surprisingly easy.

One can, of course, acquire almost any given style, but a modified italic script appears to be not only the most legible, even when written in a hurry, but also the most pleasant to the eye of the reader.

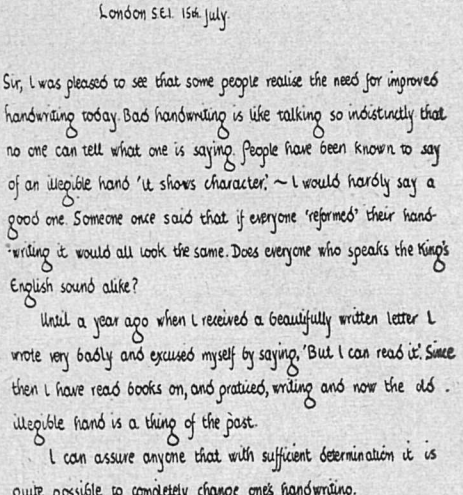
There are several most useful books on the subject; I would particularly recommend to Dr. Mac Keith "A Handwriting Manual" by Alfred Fairbank, and "Written by Hand" by Aubrey West.

Finally, might I add that whilst the initial exercises certainly require time and deliberation to perform, once proficiency has been acquired, an attractive handwriting can be written at just as great a speed as any other; this letter, for instance, is purposely being written at a fast average speed—a point of importance to any one who of necessity does much paper work! Attractiveness suffers, but I feel sure you will admit that legibility does not.

Yours, etc.,

2, Dynevor House,
Ampthill, Beds.

PETER SYKES.



Nurses' Home, Guy's Hospital,
London S.E.1. 15th July.

Sir, I was pleased to see that some people realise the need for improved handwriting today. Bad handwriting is like talking so indistinctly that no one can tell what one is saying. People have been known to say of an illegible hand 'it shows character.' ~ I would hardly say a good one. Someone once said that if everyone 'reformed' their handwriting it would all look the same. Does everyone who speaks the King's English sound alike?

Until a year ago when I received a beautifully written letter I wrote very badly and excused myself by saying, 'But I can read it.' Since then I have read books on, and practiced, writing and now the old illegible hand is a thing of the past.

I can assure anyone that with sufficient determination it is quite possible to completely change one's handwriting.

Yours sincerely,
Jean Lucy Popert.

(*Miss Popert also enclosed a specimen of her former handwriting. It was in startling contrast with her present style.*—EDITOR.)

Hypnosis in the Dental Surgery

SIR,—We do not know precisely what was the song of the Sirens on the inhospitable shore, but it is certain it sang of welfare. Dentistry is not easy at times to some. It would be wrong to say that the Welfare State has simplified the dentist's practice. Or has the patient become more easily suggestible? After reading the reports in the daily journals of the benefits of hypnosis in the dental surgery—or is it in the clinic of the Health Centre?—it occurred to me to ask you, Sir, if the State would insist on the technique?

Yours, etc.,

Old Farm Cottage,
Wavendon, Bletchley, Bucks.

JOHN C. DOMINICK.

REVIEW

Disc Lesions. By JAMES CYRIAX, M.D. Cassell & Company Ltd. *Price* 5*s.*

This short monograph is intended to assist the general practitioner in his approach to injuries of the intervertebral discs. The author recognizes two types of disc lesions, (*a*) displacement of the annulus, and (*b*) prolapse of the nucleus pulposus with an intact annulus. This is a controversial point. It is difficult to visualize involvement of one component of the disc without the other. Local pain as opposed to referred pain is said to be due to pressure on the dura. Again this view will not have a wide acceptance.

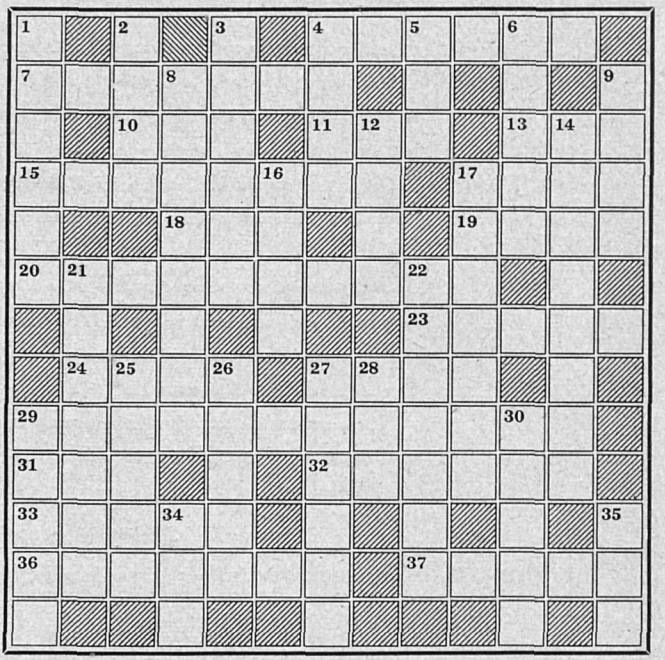
The need for a careful history is stressed, and a plan is given for a thorough clinical examination. The treatment advised is largely conservative and most surgeons would agree with the indications for laminectomy.

The author claims that he can differentiate between the displaced annulus and nuclear prolapse clinically. For the first type, immediate manipulation without anæsthesia is advocated. The actual procedure has been described elsewhere and is, unfortunately, not included in this monograph.

For the nuclear prolapse, sustained traction, using between 100–200 lb. pressure is advised. Bed rest and plaster jackets are not favoured.

One is left with the feeling that the author has tried to cover too wide a field in too short a space, sacrificing clarity for brevity. A.B.

CROSSWORD No. 2



ACROSS

4. Flighty muscular phenomenon. (6)
7. For which much amphetamine is prescribed. (7)
10. From the pericardium for instance. (3)
11. Antisyphilitic off the I.O.W. (3)
13. Upholstered by the quadriceps femoris ! (3)
15. See 8 Down.
17. Assists. (4)
18. Trouble. (3)
19. Knob. (4)
20. Fibre sheath. (10)
23. Rich in the water-soluble vitamins. (5)
24. Satisfy. (4)
27. Matter of some weight (4)
29. See 8 Down.
31. Winning number. (3)
32. Fourpennyworths of corn. (6)
33. Associated with Weber ? (5)
36. Hyperbilirubinæmia.
37. Submit. (5) (7)

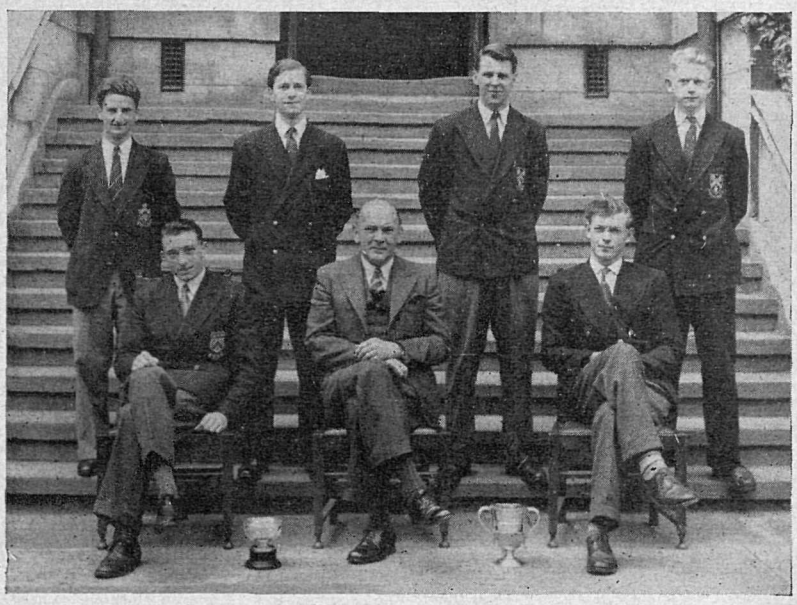
DOWN

1. One whose greatest diameter is not more than twice its shortest ! (6)
2. Weighs about 7½ lbs. when it's full. (4)
3. An urge with a surge in the Spring ! (6)
4. River Geordian ? (4)
5. Has a paralytic association with Duchenne. (3)
6. Inflammation of the cord's grey matter. (5)
8 Down, 15 Across and 29 Across ; also 14 Down and 17 Down : They both infer gastric achylia. (8–8–12 and 8–7)
9. Self. (4)
12. English architect and interior decorator. (4)
14. See 8 Down.
16. Nothing silent about this hillock. (4)
17. See 8 Down.
21. But we usually mean its oxide. (7)
22. Muscle division. (7)
25. Effects a change. (5)
26. Record. (5)
27. Carries a rich cargo. (6)
28. Half the deposit on a set of dentures. (3)
29. Architectural order. (5)
30. Amphibious animal. (5)
34. Fresh. (3)
35. A letter from 19 Across takes us out of prose. (3)

(The solution will be published in our next issue) J.M.C.

SPORT

GUY'S HOSPITAL GOLF CLUB
INTER-HOSPITAL AND UNIVERSITY OF LONDON CHAMPIONS, 1951-2-3



Standing (left to right)
J. Irwin *D. Rees* *R. Fieldhouse* *D. Holmes (Hon. Sec.)*
Sitting
D. Croll (Captain) *Mr. Nils L. Eckhoff President of London University and Guy's Hospital Golf Clubs* *I. Caldwell*

RUGBY FOOTBALL

At a recent meeting of the Guy's Hospital Rugby Football Club the election of officials for the coming season, 1953–4, was held. The new officials are :—

Captain : J. W. Kirkbride.

Secretary : D. C. Lee.

ATHLETICS

J. R. Groves, who is a Dental Student at Guy's won the 220 yards race in the recent match between the British Universities and the A.A.A. at Manchester. He defeated the Olympic and Universities champion Brian Shenton.

CRICKET

1st XI *v.* R.N.V.R.

At Swakeleys. Result : Lost by 3 wickets
11th July, 1953

Guy's

W. Howells, l.b.w., b. Jones	1
W. Knapman, b. Feeney	22
D. Lipington, b. Feeney	45
E. Gibbons, c. Rawlins, b. Feene	10
M. Mackenzie, not out	47
W. Cahill, b. Feeney	15
F. Trist, b. Jones	9
J. Riley, c. Rawlins, b. Jones	11
J. Kingston, not out	1
M. Willis did not bat	
N. Labuschagne „ „ „	
Extras	18
Total for 7 wickets declared	179
R.N.V.R., for 7 wickets	180

1st XI *v.* Orsett

At Orsett. Result : Drawn
18th July, 1953

Guy's

N. Cooke, b. Wells	32
W. Howells, b. Chinnery	4
E. Gibbons, b. Bailey	18

continued overleaf

D. Tunnadine, run out	16
F. Young, run out	12
M. Mackenzie, run out	2
W. Knapman, not out	9
H. Bissoon-Dath, l.b.w., b. Oxley	2
F. Trist, not out	30
M. Willis did not bat	
T. Smith " " "	
Extras	7
Total, for 7 wickets declared	132
Orsett, for 3 wickets	62

1st XI *v.* Casuals

At H.O.P. Result : Won by 2 wickets

19th June, 1953

Guy's	
N. Cooke, c. Webb, b. Hollands	6
E. Gibbons, b. Hollands	0
D. Atkinson, c. Thomas, b. Stenson ..	25
F. Trist, c. Ellingham, b. Stenson	19
W. Howells, b. Stenson	24
M. Mackenzie, c. Ellingham, b. Stenson ..	36
H. Bissoon-Dath, c. Thomas, b. Ellingham	17
W. Knapman, c. Ellingham, b. Stenson ..	13
D. Tunnadine, not out	18
M. Willis, not out	6
N. Labuschagne, did not bat	
Extras	6
Total, for 8 wickets	170
Casuals, for 7 wickets declared ..	169

LAWN TENNIS

Ladies' Inter-Hospitals' Cup Final

Guy's *v.* Royal Dental and Charing Cross

Wednesday, 8th July, 1963

Result : Won 5—4

Results :

Miss A. Pountain & Mrs. Clark	3—0
Miss B. Johnson & Miss J. Warner	2—1
Miss B. King-Turner & Miss B. Dean	0—3
	5—4

Guy's *v.* Winchester

At H.O.P. Result : Won 5—4

5th July, 1953

J. A. A. Bullard & J. W. Osborn ..	2—1
P. J. Frost & J. A. Quant	3—0
P. B. Counsell, Esq., & K. E. Thomas	0—3

Guy's *v.* Eastbourne

At Eastbourne. Result : Won 6—3

11th July, 1953

J. A. A. Bullard & J. W. Osborn ..	3—0
P. B. Counsell, Esq., & J. A. Quant ..	1—2
Guy Blackburn, Esq., & P. J. Frost ..	2—1

Guy's *v.* City Police

At H.O.P. Result : Won 3—1

15th July, 1953

J. A. A. Bullard & J. W. Osborn ..	2—0
F. A. F. Biddle & P. J. Dwyer ..	1—1

HOSPITAL INFORMATION

HOUSE APPOINTMENTS

1st September, 1953

Applications are invited for the following House Appointments at Guy's Hospital, due to commence on 1st September, 1953 :—

Assistant House Surgeons (*Pre-Registration*) 3

N.B.—The appointment will be for six months, the first three months to be spent as A.H.S. During the second three months of the appointment candidates will either move to the post of O.P.O. (Surgical) or will remain as A.H.S.

Assistant House Physicians (*Pre-Registration*) 3

N.B.—The appointment will be for six months, the first three months to be spent as A.H.P. During the second three months of the appointment candidates will either move to the post of O.P.O. (Medical) or will remain as A.H.P.

Out-Patient Officers (*Pre-Registration*) .. 5

House Surgeons (1 *Pre-Registration*)
(1 *Post Registration*) .. 2

House Physicians (1 *Pre-Registration*)
(1 *Post Registration*) .. 2

Resident Obstetricians 2
(1 *Pre-Registration commencing* 1.9.53)
(1 *Post Registration commencing* 1.11.53)

Ear, Nose and Throat House Surgeon .. 1
(*Pre-Registration*)

Ophthalmic House Surgeon 1
(*Post Registration*)

Neurological House Physician 1
(*Post Registration*)

Genito-Urinary House Surgeon 1
Post Registration) (3 months)

H.P. to the Department of Medicine and Resident Junior Clinical Pathologist .. 1
(*Pre-Registration*)

House Physician in the York Clinic .. 1
(*Post Registration*)

Resident Anæsthetist (*Post Registration*) .. 1
(commencing 20.9.53)

R.M.Os., Nuffield House (*Post Registration*) 2
(1 commencing 18.9.53, 1 commencing 8.10.53)

Children's House Physician 1
(*Pre-Registration*)

The Medical Committee will also consider applications for appointments at outer hospitals, as follows :—

LEWISHAM HOSPITAL
House Surgeon in General Surgery and Genito-Urinary Surgery 1
(*Pre-Registration*)

ORPINGTON HOSPITAL
House Physician (*Pre-Registration*) .. 1
(For duty in the Geriatric, Skin and Children's Departments)

ST. JOHN'S HOSPITAL, LEWISHAM
Casualty Officer (*Pre-Registration*) .. 1

QUEEN MARY'S HOSPITAL, SIDCUP
House Physician (*Pre-Registration*) .. 1

SOUTHERN HOSPITAL, DARTFORD
House Physician (*Pre-Registration*) .. 1
E.N.T. and Ophthalmic House Surgeon 1
(*Post Registration*)
Orthopædic House Surgeon .. ..
(*Post Registration*)

JOYCE GREEN HOSPITAL
House Surgeons (*Pre-Registration*) .. 2

see notes opposite)

Applications, giving choice of post and choice of Hospital in order of preference, should be lodged in the Superintendent's Office not later than **Saturday, 1st August, 1953.** Candidates who apply for appointment at Guy's as Assistant House Surgeons, Assistant House Physicians, House Surgeons or House Physicians should indicate their preference for Firms.

NOTES FOR PRE-REGISTRATION CANDIDATES

Pre-Registration Candidates are reminded that the number of posts available at Guy's is small compared with the number of students who are likely to qualify. Students applying for appointment at Guy's, therefore, are advised to consider applying for Pre-Registration posts elsewhere at the same time in order to avoid delay in obtaining a post. A number of recognised posts is available in the South-East Region. Details of posts in this region and elsewhere in the country are available in the Medical School Office.

Pre-Registration Candidates are also reminded that after completing six months in Medical or Surgical posts they must now apply for Surgical or Medical posts respectively (or for a Midwifery post as an alternative to either), subject to the provision that persons suffering from a physical disability rendering them unable to perform the duties of a Surgical or Midwifery post may be permitted by the General Medical Council to hold medical posts for the whole period of 12 months.

APPOINTMENTS VACANT

GUY'S HOSPITAL

The Board of Governors of Guy's Hospital invites applications from registered Dental Practitioners for the post of **Registrar in the Department of Preventive Dentistry** with attendance on 3 sessions per week, duties commencing on 1st October, 1953. The appointment will be in accordance with the Terms and Conditions of Service of Hospital Medical and Dental Staff in the National Health Service. Forms of application are obtainable from the Superintendent, Guy's Hospital, London, S.E.1, to whom applications should be sent not later than **Saturday, 22nd August, 1953.**

EVELINA CHILDREN'S HOSPITAL of GUY'S HOSPITAL

Southwark Bridge Road, London, S.E.1

Applications are invited for the post of Non-Resident **Senior House Officer** in the Casualty Department for five morning sessions weekly. The appointment is for six months from the 1st September, 1953. Applications and copies of three recent testimonials should reach the Hospital Secretary by **Wednesday, 12th August, 1953.**

Locum Resident Casualty Officer (House Officer Grade) from 17th August to 31st October, 1953. Applications to Hospital Secretary **immediately**.

GUY'S HOSPITAL DENTAL DEPARTMENT

Applications are invited for the post of full-time **Dental Hygienist,** duties to begin on 1st October, 1953. Salary at present £7 per week, which will be adjusted in accordance with the decision of the Whitley Council. Applications, giving age, qualifications, experience, etc., should be sent to the Superintendent, Guy's Hospital, London Bridge, S.E.1, not later than **15th August, 1953.**

PASS LISTS

UNIVERSITY OF OXFORD

Trinity Term, 1953

Medicine

D. J. Collins J. B. L. Gee A. H. Vaughan

Surgery

D. J. Collins J. B. L. Gee

Midwifery

D. J. Collins J. B. L. Gee A. H. Vaughan

Pharmacology and Principles of Therapeutics

C. P. McEvedy

UNIVERSITY OF LONDON

M.D.S.

June, 1953

H. S. M. Crabb

Academic Postgraduate Diploma in Bacteriology

K. R. Wallace

ROYAL COLLEGE OF SURGEONS OF ENGLAND

L.D.S.

Final Examination
June, 1953

Surgery

W. F. Airey
B. H. Allen
F. W. Antscherl
A. W. G. Cartwright
M. W. Cooksey
R. S. Crisp
A. D'A. Fearn
L. J. Glowrey
J. J. Hall
I. M. Hauldren
N. J. S. Hills
S. C. Jack
H. D. O. Osmond-Smith
R. Park
P. S. Smith
A. E. F. Stearn
J. C. Stephenson
F. Summers
D. R. Taylor
D. E. G. Thomas
P. J. Willard

Dental Surgery

R. L. Batty
F. L. Brown
D. J. Chant
H. Chatfield
D. L. H. Clark
J. G. Davies
Margaret F. Gill
A. B. Grantley Smith
S. L. Hewitt
R. C. Jeffery
Diana E. Jennings
C. W. H. Moore
D. S. Noble
R. Park
T. Smith
I. L. Thomas
F. H. Trist
W. H. Watson
A. M. Williams
J. F. Wylie

First Examination
July, 1953

Anatomy and Physiology

R. E. Barber
R. D. Cooper
Sheila M. Evans
Marion F. Fairfax
E. M. Lasserson
A. R. Palliser
J. S. van den Berg

Special Anatomy and Physiology

R. E. Barber
R. G. Cumming
Marion F. Fairfax
J. M. Frean
E. M. Lasserson
R. C. Moyse
A. R. Palliser
M. G. Smith
J. G. M. Turle
H. H. F. Wellisch

CONJOINT BOARD

D.A.

M. P. Coplans J. A. Thornton

D.L.O.

Murray Brookes A. G. McCallum
H. N. St. John

D.M.R.-D.

A. S. Bligh H. H. Bloch Irvan Yentis

L.R.C.P., M.R.C.S.

First Examination
June, 1953

Anatomy

E. L. R. Andrews
Mary E. Braithwaite
C. D. W. Davies
G. S. Duncan
J. B. Gornall
K. F. C. Muncey
M. J. Young

Physiology

E. L. R. Andrews
Mary E. Braithwaite
C. D. W. Davies
E. D. Keen
K. F. C. Muncey
D. Parrott
R. W. Salmon
E. E. Smith
M. J. Young

—Continued over

Pharmacology

J. G. Davies
L. W. S. Eyears
J. A. Greeves
K. E. Howells
J. S. B. Meyer
J. D. Miller
Sheila M. Mullally
J. G. Parkes
G. S. Rawson

SOCIETY OF APOTHECARIES OF LONDON

Final Examination
June, 1953

Pathology, Bacteriology and Forensic Medicine
W. P. N. Moore

Midwifery
*R. G. Orr
*Has completed the examination.

GUY'S HOSPITAL MEDICAL SCHOOL

LEONARD LUBBOCK PRIZE
FOR CLINICAL PATHOLOGY

J. D. Broome — Prize.
P. S. Boulter — Certificate.

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

Anderson, K., Hughes, J. A., and Knox, R. Use and Abuse of Jungmann's Method for the Liquefaction of Tuberculous Sputa. *J. Clin. Path.*, **6**, 124.

Audy, J. R. Trombiculid Mites infesting Bats in Malaya, with descriptions of Three New Species. *Bull. Raffles Mus.*, 1952, No. 24, p. 132.

Audy, J. R. The Behaviour and Language of Animals and Scientists. *Malayan Nature J.*, 1952, **7**, 153.

Audy, J. R. Strolling on the Ceiling. *Malayan Nature J.*, 1953, **7**, 182.

Blewett, G. L., and another. Choriocarcinoma Arising in the Male Mediastinum. *Thorax*, 1953, **8**, 157.

Brain, R. H. F. Steatorrhœa in Œsophago-gastric Surgical Practice. *Proc. R. Soc. Med.*, 1953, **46**, 438.

Brinton, W. D., and Campbell, Maurice. Necropsies in some Congenital Diseases of the Heart, mainly Fallot's Tetralogy. *Brit. Heart J.*, 1953, **15**, 335.

Davies, Joan R., Morgan, R. S., Wright, E. A., and Wright, G. Payling. The Results of Direct Injections of Botulinum Toxin into the Central Nervous System of Rabbits. *J. Physiol.*, 1953, **120**, 618.

Ellerker, A. G. Traumatic Rupture of the Stomach. *Brit. J. Surg.*, 1953, **40**, 626.

Graham, A. J. P., and another. Atresia of the Œsophagus with an Abnormal Tracheal Fold. *Thorax*, 1953, **8**, 102.

Grant, R. T. Some Remarks on Urticaria. *Aust. N.Z. Gen. Pract.*, 1953, **24**, 114.

Horton, R. E., and another. Lateral Duodenal Diverticula. *Brit. J. Surg.*, 1953, **40**, 577.

Lange, M. J. Thyroidectomy : A Review of 1,000 Consecutive Cases. *Brit. J. Surg.*, 1953, **40**, 544.

McCall, A. M. Discussion on the Epidemiology and Treatment of Salmonella Infections in Man and Animals with special reference to "Salm Dublin". *Proc. R. Soc. Med.*, 1953, **46**, 445.

McCall, A. M. An Explosive Outbreak of Food-Poisoning caused by Salmonella Dublin. *Lancet*, 1953, i, 1302.

MacLean, Kenneth. The Diagnosis of Cystitis. *Practitioner*, 1953, **170**, 97.

Mills, C. P. Mammary Abscess. *Brit. med. J.*, 1953, i, 1427.

Nisism, J. A. Effect of Continued Iron Administration on Growth. *Nature*, 1953, **171**, 1157.

CHANGES OF ADDRESS

P. S. Carton-Kelly, M.R.C.S., L.R.C.P., Highland Cottage, Aylestone Hill, Hereford. (Tel. : Hereford 4151.)

A. A. W. Fooks, L.D.S., R.C.S., 6 Upper Brook Street, London, W.1.

A. A. Leigh, L.D.S., R.C.S., 1 Sloane Street, S.W.1. (Tel. : Sloane 3636.)

J. C. Matthews, M.R.C.S., L.R.C.P., L.D.S., 50 Wimpole Street, W.1. (Tel. : Welbeck 4327.)

B. C. Morgan, M.B., B.S., 92 Belle Vue Road, Southbourne, Bournemouth, Hants. (Tel. : Southbourne 47148.)

R. H. Pownall, B.D.S., 67 Vivian Avenue, Hendon, N.W.4. (Tel. : Hendon 3105.)

BIRTHS

CAMPBELL.—On 3rd July, 1953, at Farnborough Hospital, Kent, to Margaret (née Hepburn), wife of Alan C. Campbell, B.D.S., M.R.C.S.—a sister and brother for Gillian (Jane Catherine and Neil John).

DENNY.—On 9th June, 1953, to Pauline (née McEntegart, S.R.N., S.C.M.), wife of Douglas Denny, B.Sc., Ph.D.—a brother (John Andrew) for Michael and Mary.

HILL.—On 1st July, 1953, at Guy's Hospital, to Patricia (née Blood, M.S.R.), wife of Peter J. Hill—a daughter (Daphne).

HUMPHRIS.—On 3rd July, 1953, at Homeside Nursing Home, Purley, to Betty, wife of D. T. Humphris, L.D.S.—a daughter (Penelope Joan).

KERR.—On 2nd July, 1953, in Victoria Ward, Guy's Hospital, to Betty (née Balchin) wife of G. A. Kerr, M.R.C.S., L.D.S.—a son (William Edward).

KINDER.—On 27th June, 1953, at Nuffield House, to Audrey, wife of C. H. Kinder, F.R.C.S.—a daughter (Jane), a sister for Richard and Elizabeth.

MARTIN.—On 13th July, 1953, at Queen Charlotte's Maternity Hospital, to Jacqueline (née Gardner), wife of Peter Martin—a son.

MEDLOCK.—On 17th July, 1953, at Guy's Hospital, to Audrey (née King, S.R.N.), wife of J. Mervyn Medlock, M.B., B.S.—a son (Mark Howard John).

RICHARDS.—On 2nd July, 1953, at 75 Thorpe Road, Norwich, to Mollie (née Horder), wife of George Richards, B.D.S.—a daughter (Helen Elizabeth), a sister for Catherine.

WATSON.—On 17th June, 1953, at West Hill Hospital, Dartford, Kent, to Kathleen (née Dines), wife of Robert G. Watson, M.B., B.S.—a son (Anthony Robert).

WHITELEGG.—On 6th July, 1953, at Uckfield, Sussex, to Janice, wife of John G. Whitelegg, B.D.S.—a daughter (Jenny), a sister for Mary Jane.

MARRIAGES

CARTON-KELLY—RASH.—On 6th June, 1953, at Flatford, Norfolk, Peter Carton-Kelly, M.R.C.S., L.R.C.P., to Stella Mary Rash.

CLARKSON—DAUBENY.—On 9th July, 1953, Patrick Wensley Clarkson, F.R.C.S., of 107 Harley Street, W.1, to Elizabeth Daubeny, of 49 Hill Street, W.1.

DEATHS

ELLIS.—*On 20th July, 1953, John Weaver Ellis*, M.C., M.R.C.S., L.R.C.P., of High Street, Kimbolton, Huntingdonshire, aged 64 years.

HAMOND.—On 22nd June, 1953, Philip William Hamond, M.D., of 133 Tonbridge Road, Maidstone, aged 73 years.

EDS. { E.B.D.T. / P.S.B.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXVII. No. 1697 8th August 1953 One Shilling

PASSIM

Standing around

BOOKS on antique furniture make it clear that there have been three main periods of material and design. During the reigns of the first Queen Elizabeth and the early Stuarts oak was the chosen medium. Walnut conjures up visions of the Glorious Revolution and of Queen Anne ; while mahogany remained in favour for over a century of Hanoverian and Victorian rule.

That the devoted workmanship of the craftsmen of those days still influences the ordinary domestic scene in the twentieth century is (unhappily, as some declare) due largely to a process of continuous adaptation. The great Elizabethan four-poster bed now conceals under its tapestry coverlet, a modest, though essential, spring interior mattress. On the dining room table Hester Bateman's graceful silver spoons lie as mute neighbours to Firth's stainless steel blades. From the wall the electric bracket clock proclaims synthetic time indefinitely, its antique case long bereft of the miracle movement of a Tompion or Quare.

But the three great " ages " of antiques, vastly different in details of design, material, and workmanship, have one thing in common : a common vantage point from which each, in turn, cocks a perpetual snook at " adapters " of all ages and degrees of ingenuity : a common hazard which every person who tries to furnish the smallest sitting room with " period pieces " soon encounters. *They had no comfortable chairs.*

The discomfort of an Elizabethan bench has to be felt to be believed. A chaise longue does not, somehow, lend itself with dignity to the brevity of cotton skirts and sun-tanned extremities, while Victorian horsehair, with its insidious needle pricks, provides perpetual purgatory to the limbs and trunk. Knole settees there may be : walnut wing chairs are still occasionally discovered ; Chippendale stools are available, at a price ; but it is upon the rock of the common, comforting, deep-cushioned, arm chair that the genuine Tudor, Queen Anne, Georgian or Victorian sitting room abruptly and utterly founders. Comfort and authenticity will never hold hands on the creations of the brothers Adam ! No doubt our fathers and mothers were made of sterner stuff.

If one were to divide modern history into broad divisions on a basis

of posture, one could recognize an "Age of Standing" which gave way only within recent times to the "Age of Sitting" in which we find ourselves today. Who ever saw an old engraving of a cathedral whose nave was cluttered up with chairs or pews ? Our fathers stood, stubbornly, through interminable sermons.

Drawings of the early passenger trains of the 1830's and the 40's show solemn gentlemen in tall hats standing, herded like cattle, in open third class carriages beneath a dust-laden plume of sulphurous smoke. Similar scenes (with fewer hats and less smoke) are indeed repeated daily in the London area : the presence of a roof and the absence of novelty serve finally to differentiate the centuries. Scotsmen today—so advanced in many spheres—still stand to consume their barbarian mixture of salt and coarse oatmeal. But these are exceptions.

Nearer home, the mediæval sermon with preacher and congregation on their feet, is perpetuated in the few marathon teaching rounds still occasionally conducted through some of the wards at Guy's. Is it small wonder that reflexions such as these should have passed with increasing frequency through the mind as the end of a two and a half hour session drew near, and œdema of the ankles became a matter of vivid personal experience ? There are, happily, notable and popular exceptions, where history reading and discussion are always conducted seated in comfort. But if it is argued that our fathers stood so why should not we—then by all means let us be consistent ! Let us put on our tall hats again and travel to work in open trucks. Let us burn our deck-chairs, our padded sofas, our spring mattresses. Let us sweep away stalls, chairs, pews, from our theatres, concert halls and cathedrals. But while all this is being arranged, let us at least get our terminology right. Standing, for six or seven teaching sessions a week is, quite apart from anything else, a remarkable contradiction in terms.

For the past nine months research has been conducted at the Hospital into methods of cooling the body to enable certain operations to be carried out. The basic experimental work, which has been assisted by a grant from the Endowments' Fund, has been carried out by Mr. D. N Ross, the surgical research fellow. Last Monday the first operation at Guy's using the new low temperature technique was performed by Mr. R. C. Brock. The anæsthetists were Drs. E. H. Rink and A. M. Hutton.

We extend our hearty congratulations to Mr. H. P. Guerrier on his appointment as Consultant Surgeon to the Exeter Clinical Area (Torquay Group of Hospitals). He takes up his new appointment during the next few weeks.

During the coming months we intend to publish an illustrated series of "Guy's Personalities". Our subjects will be chosen from many aspects of the Hospital life and are being drawn by Miss Sylvia

Treadgold specially for the *Gazette*. In this issue we make a start with the senior full-time porter on the staff at Guy's—Harry Mankelow.

The following operation was one item in the list of a distinguished Surgeon at Guy's last week :

> " Laparotomy : removal of unsatisfied bowel in ileo-transverse colostomy."

Epitaph for a bottled specimen :

> *Farewell ambition ! Discontent shall prove*
> *A surgeon's indication to remove.*
> *Active in life, my peristaltic wave*
> *Now, fixed in formalin, adorns my grave.*
> *Reader take heed, and cherish what you've got,*
> *Lest the keen scalpel amputate the lot !*

Twenty-Five Years Ago

From Guy's Hospital Gazette, 11th August, 1928.

Just as we were about to indulge in our annual grouse regarding the exceeding dullness of vacation time there comes a minor earthquake. We refer to the sudden changes at either extremity of the nursing uniform, regarding which opinion in the Home appears to be about equally divided. . . . Mercifully our nurses have never suffered the flounced sleeves and streaming caps of other hospitals, but to enclose the cervical spine, and especially a short one, in a stiff truncated cone has always seemed to us a form of torture that well merited the ward maids' prompt dismissal at the sight of a job of work to suspension by the back stud alone. If then we regard Etonian neckwear as the very " Summit " of reform, we are less decided as to the rival merits of the old and new in hosiery. Liberation from the bonds of black cashmere has meant a rush to a range of shades in grey before which we have no alternative other than to suspend judgment.

Fifty Years Ago

From Guy's Hospital Gazette, 1st August, 1903.

We should like to call attention to the notice of the Physical Society asking for papers to be read at the ensuing session . . . It does not appear to be generally known that the society admits discussion on general scientific subjects only remotely connected with medicine. It is true that of late the subjects on which papers have been read were appreciable only to men with some ward experience, but it is well within its constitution to promote debates on matters that can be appreciated by men in the dissecting room. The society is old and very honourable, and it behoves the youngest and the oldest Guy's man alike to uphold its position.

Seventy-Five Years Ago

From Guy's Hospital Gazette, August, 1878.

Treatment of wounds :— M. Alphonse Guérin has, it appears, long practised an antiseptic method of dressing wounds, which has given admirable results. It consists in careful and minute cleansing of wounds by a strong solution of carbolic acid (1 in 5), and enveloping them subsequently in thick masses of fresh cotton wool to act as a filter excluding septic germs. In an address delivered at the Académie de Médicine he gave details of his mode of treatment, alluding to the Listerian method, which he highly commended.

GUY'S PERSONALITIES (I)

Drawn by Sylvia Treadgold

HARRY MANKELOW

Harry Mankelow, who is nearly 67 years of age, has carefully preserved the letter (reproduced opposite) which appointed him as a porter to Guy's Hospital 41 years ago. He served in France in the first world war, being wounded in 1915, and from his return in 1917 has undertaken practically every job a porter is expected to do—and some more. Since 1950 he has been particularly assigned to the York Clinic where he still carries out full-time duties. He is often seen about the Hospital, and the other day we met him having his supper quietly in the seclusion of the York Clinic. We suggested that he had seen some changes in his time. He laid down his knife and fork. There was a twinkle in his eye.

"I certainly have", he said.

SUPERINTENDENT'S OFFICE,
GUY'S HOSPITAL.

Dec. 29th 1911

Dear Sir

I beg to inform you that you have been appointed a Porter at this Hospital at a wage of 24/- a week with uniform. Your hours of duty will be from 9 a.m. to 7 p.m., and you will be required to attend on alternate Sundays from 7 a.m. to 11 p.m., and on one evening a week until 11 p.m. You are requested therefore to present yourself at the Front Gate Porter's Lodge on Monday next at 9 a.m. prepared to start your duties

Yours truly
E. C. Perry, per W.B.
Supt.

Mr H. Mankelow

(*Sir Cooper Perry, on whose behalf this letter to Mr. Mankelow was signed, was Superintendent at Guy's Hospital*, 1892–1920.)

THE DIAGNOSIS AND DANGERS OF DEPRESSION

A Clinical Lecture delivered at Guy's Hospital on 16th March, 1953

By DAVID STAFFORD-CLARK, M.D., M.R.C.P., D.P.M.

LADIES AND GENTLEMEN.—Practical medicine has always been taught at Guy's. It appears as a special sub-heading in the list of clinical subjects and their teachers printed in the *Directory of Guy's Men* and published by the *Guy's Hospital Gazette*. Somewhat strikingly, the legend reads : " Practical Medicine—the Medical Registrars ". It is therefore with humility and gratitude that I tell you that my choice of subject for this clinical lecture was made at the suggestion of several of the medical registrars, who felt that this was something which all of you might with advantage incorporate in your practical approach to clinical matters.

There is indeed good reason for regarding the diagnosis and dangers of depression as being of considerable importance in clinical practice, whether it be general practice or the conduct of an Out-Patient Department in a teaching hospital. At one time or another it has been variously estimated that between twenty-five and fifty per cent. of all patients presenting themselves to doctors require active consideration of their psychological state as an essential contribution to their welfare. And in very many of these patients, no matter what the nature of their presenting complaint, the element of depression may lurk concealed to impair their response to treatment or to retard and delay their recovery.

Depression is only too common a condition from time to time among all of us. But it is not with a temporary dejection of mood, or with that sorrow or melancholy which may follow bereavement or personal disaster, that we need be especially concerned today. It is rather with depression as an illness, with a mood change which both exceeds and outlasts the normal intensity and duration of human unhappiness, and is moreover accompanied by changes in the autonomic and endocrine balance which may themselves further maintain and exacerbate the gloom and sickness of the sufferer. When we come in the light of modern studies to review the commonness of depression as an illness appearing even in its own right, we find that it has an overall incidence of about 0·4% of the population.

This incidence is certainly increased when there is a family history of depressive illness. While the hereditary element in depression is not overwhelming, it is sufficiently significant to make careful attention to the family history an important part of the preliminary enquiries. Putting the matter into round figures the incidence of depressive illness in the relatives of patients suffering from this condition can be illustrated in the following table :—

Relationship	*Approximate Incidence*
Parents, children, siblings	10%
Aunts and uncles	5%
Cousins, nephews, etc.	2·5%

However, certain investigators have questioned these findings, which are none the less widely quoted in textbooks. Tomassen in Iceland carried out a very careful investigation in which he personally traced and interviewed all the descendants, collaterals and surviving grandparents of twenty-five patients with a classical manic depressive illness. These totalled some 2,463 people, yet Tomassen was unable to satisfy himself that there was any greater incidence of depression among this special group than among the population as a whole.

As a clinical entity depression has always been of great importance and interest in medicine. One of the classics of medical literature which has survived since 1621, when it was first published, is *The Anatomy of Melancholy* by Robert Burton, a book which represented the total output of the author and was probably the principal employment of his life. Its full title is *The Anatomy of Melancholy, What it is, With all the kinds, causes, symptoms, prognostics, and several cures of it. In three partitions; with their several sections, members, and sub-sections, philosophically, medicinally, historically opened and cut up.* It is indeed all this and more besides ; a book to be taken with you on holiday, worth dipping into, worth reading in full, fascinating, erudite, satirical and yet compassionate. By comparison with *The Anatomy of Melancholy* even the *Reader's Digest* is a pale modern competitor for the honour of providing the doctor with an impressive reserve of quotations and a reputation for being well and widely read.

We might then well begin by turning to Burton's book for a view of depression which has survived the test of time. He gives a prodigious classification in his synopsis to the first partition. This, however, can be reduced to a view that there are essentially three main kinds of melancholy to be encountered clinically : what he calls head melancholy, hypochondriacal or windy melancholy, and melancholy of the whole body. Allowing for the medieval concepts of anatomy and physiology which necessarily shape the author's approach to his subject, we are yet able to discern descriptions of types of depression which one may see every day in the clinical practice of medicine at the present time. For example he says that there seems to be a special melancholy of nuns, widows, and more ancient maids, which differs in many ways from other types ; and here there is an echo of what now we might be inclined to call a form of involutional agitated depression. But in discussing classification he makes an observation with which all clinicians must feel considerable sympathy :

> " It is a hard matter, I confess, to distinguish these three species one from the other, to express their several causes, symptoms, cures, being that they are so often confounded amongst themselves, having such affinity that they can scarce be discerned by the most accurate physicians ; and so often intermixed with other diseases that the best experienced have been plunged."

He goes on to mention cases in which melancholy appeared to be bound up with stone, gout or jaundice ; with ague and with asthma.

> " Paulus Regoline, a great doctor in his time, consulted in a case, was so confounded with the confusion of symptoms that he knew not to what kind of melancholy to refer it. Trincavellius, Fallopius, and Francanzanus, famous doctors in Italy, all three conferred with about one party, at the same time, gave three different opinions . . . "

But although clarity and definition may be difficult, they are not impossible, and Burton himself recognizes the importance first of all

of an adequate history and careful and detailed attention to the general situation of the patient. So much may be learnt by enquiry about the factors which may predispose to the development of depression, even though that depression may have exceeded the normal reaction and have become an illness in its own right. Of lesser degrees of melancholy Burton has this to say :

> " Melancholy in disposition is that transitory melancholy which goes and comes upon every small occasion of sorrow, need, sickness, trouble, fear, grief, passion, or perturbation of the mind. In manner of care, discontent, or thought, which causes anguish, dullness, heaviness and vexation or spirit . . . And from these melancholy dispositions no man living is free, no stoic, none so wise, none so happy, none so patient, so generous, so godly, so divine, that can vindicate himself ; so well composed, but more or less, some time or other he feels the smart of it. Melancholy in this sense is the character of mortality. ' Man that is born of woman is of short continuance and full of trouble '."

He permits himself a digression on the particular vulnerability of students to melancholy of this kind. He gives two main reasons for what he calls The Misery of Scholars. The first is that " they live a sedentary, solitary life, free from bodily exercise and those ordinary disports which other men use : and many times if discontent and idleness concur with it, which is all too frequent, they are precipitated into this gulf on a sudden. But the common cause is over-much study." The second main reason is that they are chronically hard up. Despite all the pains they have to take in the universities, and the costs and charges to which they are exposed, " barred interim from all pleasures which other men have, mewed up like hawks all their lives, if they chance to wade through them, shall in the end be rejected, condemned, and which is their greatest misery, driven to their shifts, exposed to want, poverty, and beggary. Their familiar attendants are :—

> *Grief, labour, care, pale sickness, miseries,*
> *Fear, filthy poverty, hunger that cries,*
> *Terrible monsters to be seen with eyes.*"

To be sure Burton feels that medical students are not quite as unfortunately placed in this respect as are students of the classics. It would seem that in his day, even as at the present time, the classics were indisputably the Cinderella of learning. Medical students could look forward to a possibility of prosperity :—

> " *The rich physician, honour'd lawyers ride,*
> *Whilst the poor scholar foots it by their side.*"

But even so the physician's own prognosis was apparently not so very different from our own day, in that qualification did not bring with it an end to the pressures and anxieties of financial hardship. Discussing this, Burton remarks : " Now for physicians there are in every village so many mountebanks, empirics, quacksalvers, paracelsians, as they call themselves . . . wizards, alchemists, poor vicars, cast apothecaries, physicians' men, barbers, and good wives, professing great skill, that I make great doubt how they shall be maintained, or who shall be their patients."

When we come to study the signs and symptoms of depression we find again that almost everything that we know today has been foreshadowed on a descriptive basis by Burton in his book. The modern contribution to diagnosis in this respect has been to simplify by concentrating upon essentials. Some of Burton's descriptions nevertheless merit reproduction for their force and vividness. Here is one borrowed from Hippocrates :—

> " They are lean, withered, hollow-eyed, look old, wrinkled, harsh, much troubled with wind, and a griping in their bellies, or bellyache, belching often,

dry bellies and hard, dejected looks, flaggy beards, singing of the ears, vertigo, light-headed, little or no sleep, and that interrupt, terrible and fearful dreams."

Other authorities are recorded in a similarly pointed way. Many of them have in common emphasis upon impaired digestion and appetite, constipation, and disturbance of sleep :—

"Some add palpitation of the heart, cold sweat, as usual symptoms, and a leaping in many parts of the body, a kind of itching on the superficies of the skin, like a flea-biting sometimes . . . headache and a binding heaviness for a principle token . . . their hot and dry brains make them they cannot sleep, mighty and often watchings, sometimes waking for a month or a year together. Hercules de Saxonia faithfully averreth, that he hath heard his mother swear, she slept not for seven months together."

And once again in regard to appetite and digestion :—

"They are lean, ill-liking", saith Aretaeus, "withered and hard, much troubled with costiveness . . . their pulse is rare and slow . . . Excrements or stool hard, black to some and little."

Passing from what we may regard as autonomic accompaniments of depression to the mental state, there are some further shrewd and sensitive observations which do not date at all :—

"Many fear death, and yet in a contrary humour make away with themselves . . ." (Galen) "Some are afraid that heaven will fall on their heads : some that they are damned, or shall be. They are troubled with scruples of conscience, distrusting God's mercies, think they shall go certainly to hell, the devil will have them, and make great lamentation. Fear of devils, death, that they shall be so sick of some such or such disease, ready to tremble at every object, that they shall die themselves forthwith or that some of their dear friends or near allies are certainly dead ; imminent danger, loss, disgrace, still torment others and so forth ; that they are all glass, and therefore will suffer no man to come near them : that they are all cork, as light as a feather ; others as heavy as lead ; some are afraid their heads will fall off their shoulders that they have frogs in their bellies . . ." "One man durst not walk alone from home, for fear he should swoon or die. A second fears every man he meets will rob him, quarrel with him, or kill him. A third dares not venture to walk alone for fear he should meet the devil, a thief, or be sick ; fears all old women as witches . . . every person comes near him is malificiated, every creature, all intend to hurt him or seek his ruin ; another dares not go over a bridge or come near a pool, rock or steep hill, or lie in a chamber where crossed beams are for fear he be tempted to hang, drown, or precipitate himself . . . Some are afraid to be burned, or that the ground will sink under them, or swallow them quick, or that the king will call them in question for some fact they never did, and that they shall surely be executed . . . Others fear and are tormented in mind as they that have committed a murder, and are pensive without a cause as if they were now presently to be put to death.

No sooner are their eyes open, but after terrible and troublesome dreams their heavy hearts begin to sigh : they are still fretting, chafing, sighing, grieving, complaining, finding faults, repining, grudging, weeping, vexing themselves, disquieted in mind with restless, unquiet thoughts, discontent, either for their own or other men's public affairs, such as concern them not ; things, past, present, or to come, the remembrance of some disgrace, loss, injury, abuses, troubles them now being idle afresh, as if it were new done ; they are afflicted otherwise for some danger, loss want, shame, misery, that will certainly come, as they suspect and mistrust . . . They cannot die, they will not live : they complain, weep, lament, and think they lead a most miserable life, never was any man so bad, or so before, every poor man they see is more fortunate in respect of them, every beggar that comes to the door is happier than they are . . . grief, fear, agony, discontent, wearisomeness, suspicion, or some such passion forcibly seizeth on them . . ."

It must be evident from all this that what chiefly characterizes the mental state of a patient suffering from a depressive illness, is his utter misery and despair. The mental state itself may include ideas

of unworthiness, and bitter self-reproach. These may have the effect of obscuring much of the history, and producing in the physician a sense of exasperation and impatience.

Nevertheless the diagnosis of depression is not difficult, provided that the following essential framework is always kept in mind. The condition commonly reveals itself in three areas : in mood ; in the response of the patient to physical or intellectual stimulation ; and in the functioning of the autonomic nervous system. These therefore must be the targets for examination.

The patient's mood, as we have already seen, will be characterized by dejection and unhappiness. These may go as far as providing the basis for delusions. Such delusions may be essentially punitive, or they may be largely hypochondriacal. For example, the patient may believe that he is to suffer some dreadful persecution or disaster, and this belief may then be accompanied by hallucinations taking the form of accusatory voices, which simply din into the patient's ears the same melancholy and appalling ideas with which he is already assailed from sources of his own introspection. Or the patient may be tormented by a conviction that his bowels are blocked, that his brains have rotted away or turned to water, or that his whole body is putrified and a source of offence to others. Whether we encounter delusions or hallucinations, ideas of unworthiness or guilt, or simply the loss of a patient's normal capacity to feel love, or the hope and expectation of future improvement, we can fit all these apparently diverse symptoms into their proper place by recognizing each in turn as the product of an underlying state of mind characterized by a mood of consistent dejection and abject despair.

The response of the patient to stimulation in the intellectual or physical plane may throw further light upon the condition. Very often these patients are retarded in thought and action. They may take a long time to answer questions, and if they are capable of giving an explanation of this, may say that thinking is difficult for them ; they find it hard to collect their thoughts or make up their mind. Similarly they find it hard to initiate even such simple physical actions as getting up from a chair, or putting on their coat and hat to go out. More complicated actions, in response to the normal necessities of everyday life, may become quite unendurably difficult. For example, a housewife may dread going out to do the shopping, partly because of the physical and intellectual effort which it costs her, and partly because her indecision in the face of various items of choice in the shops may make it almost impossible for her to complete her routine task. This slowing of thought and action, lack of capacity to make decisions in response to conflicting stimuli, and general difficulty in coping with the environment, may in themselves immensely increase the burden of suffering which the patient has to endure. Sometimes there is a complicating element of agitation ; not only is the patient slowed up but he is also pre-occupied with repetitive ideas, which are themselves distressing and painful. He may become extremely agitated in the face of quite simple difficulties, and may display what one writer has called " a poorly directed strenuosity with a certain restless chafing ". There is often a diminished state of awareness of external events with movement away from reality, and increasing introspection with narrowed

range of thought. This of course may further increase the difficulty of history taking, but recognized for what it is it will often go a long way towards providing the diagnosis.

Finally, in the sphere of autonomic function there is a number of symptoms of outstanding importance, which it is always wise to enquire about specifically when the diagnosis of depression is under consideration. The three most important concern the fundamental bodily rhythms of sleep, appetite and bowel movement. There are often others involving other aspects of autonomic function which may be equally characteristic, but are less constantly seen. The nature of the sleep disturbance is usually quite definite. The patient may not experience great difficulty in getting off to sleep, but he tends to wake early in the morning, sometimes within an hour or two of having gone to sleep, while it is still dark, when he may lie awake ruminating for hours upon various sources of misery and distress in his present state ; unable to get off to sleep again until perhaps just before the dawn, when he falls into a fitful slumber from which he awakens tired and dreading the coming day. The disturbance of appetite is often equally profound. The patients may sometimes feel faint between meals but when they sit down to food they cannot face it. As a direct though partial consequence of this failure of appetite, they tend to develop various secondary vitamin deficiencies, notably of the vitamin B complex, and also to lose weight steadily, and often rapidly. The disturbance of bowel function resembles the retardation seen in the sphere of thought and action. The bowels are not moved regularly within the normal twenty-four hour cycle, and it is as though the passage of ingested food through the gastro-intestinal tract becomes increasingly retarded until eventually the patient is severely constipated. This constipation often bulks largely in the patient's mind, and may provide grounds for some of the hypochondriacal delusions already mentioned.

The pulse is usually slow, full, and bounding, even in the more agitated patients. The skin is likely to be warm and dry, by contrast with the clammy, sweating skin of the patient with acute anxiety. However, *attacks* of sweating occasionally occur, in the form of sudden severe disturbances of autonomic function, often in the early morning when the patient awakens drenched with sweat, wholly unrefreshed, restless, and oppressed with morbid thoughts and fears. During the daytime there is a constant sense of fatigue and listlessness. Everything is an effort and nothing seems worthwhile any more. To the patient all this may seem essentially physical, but it remains terribly hard for him to describe it in convincing terms, or to pin it down to physical symptoms which he can recount effectively. Unable to sleep, to eat, to work efficiently, or to enjoy any of the simple pleasures of life, it is not surprsing that all too often he wishes to die ; and if the doctor seems to him to have no understanding of his plight, to die may then appear to him to be the only thing left.

These, then, are the essential clinical features of depression, the symptoms and signs whereby it may be recognized. In a lecture devoted to the diagnosis and dangers of depression, classification of the various types of depression which may be encountered in practice is perhaps less important than the overall features which they have in

common. But nevertheless it is of value to have an idea of a modern and simple classification, so that one may recognize the circumstances under which depression may most commonly be seen.

Depression amounting to illness may occur apparently spontaneously, when it is often called endogenous ; or it may follow external events which are regarded as having precipitated it ; it is then called reactive. Such ætiological distinction is, however, rarely clear cut. There are three main clinical types : simple depression, the depressive phase of recurrent depression or manic depressive illness, and involutional melancholia.

Simple depression occurs from time to time in individuals who may be predisposed to illness of this kind, and is usually characterized by retardation rather than agitation, by a slowing up of all responses and a blunting of all feelings, coupled with a deep sense of despair and unworthiness, which, however, rarely goes on to delusional or hallucinatory experiences. Very similar to it are the depressive phases of recurrent depressive illness, which may display a definite rhythm in time, throughout the course of the patient's life, often without external stresses to account for them. The depressive phase of manic depressive illness resembles that seen in recurrent depression ; indeed the two illnesses are probably identical, appearing to differ only in the degree of elation or frank excitement characterizing the periods alternating with depression. But while simple depression resembles more the ordinary reaction of grief or despair in response to bereavement or external disaster, the depressive phases of recurrent depression, or of manic depressive illness, are more like true psychotic illness in its most obvious form. They tend to be characterized by a greater degree of loss of judgment, of separation from reality, and are often accompanied by delusions and hallucinations. The phase of normality, or of exaltation and elation which may alternate with the phases of depression, may vary in duration from days and weeks to months or even years, or may be separated by intervening periods during which the patient shows no symptoms of any kind. But sometimes depression and manic episodes may alternate gradually or violently without such normal phases occurring at all.

The third type of depressive illness tends to show a distinct and characteristic pattern ; it is also to some extent localized in time. It appears during or after the involutional period of life in men and women, and has been for this reason given the name of involutional melancholia. This form of the illness is often particularly severe. It is characterized by a depression in which agitation is apt to be a predominant feature. This agitation may be combined with retardation, to give the general effect of somebody who is at the same time slowed up, and yet compelled to be restless and ruminative. Agitation may be expressed by repeated importunate complaints of bodily or mental suffering, and is often particularly characterized by wringing of the hands, restlessness, and lamentation. Hypochondriacal ideas are common in this form of the illness ; moreover the patient's suffering may be increased by a sense of intolerable guilt. It is in this type of case that one encounters severe adverse moral judgments passed by patients upon themselves. They may say that they are unworthy to be saved, that they have committed the unpardonable sin, are damned,

decadent, and degenerate, and will bring horror and disgrace upon all who are associated with them. Severance from reality is most acute in this illness, and therefore of course the risk of suicide is correspondingly grave.

The differential diagnosis which confronts us in cases of this kind is sometimes difficult. One has first to exclude what may be called the normal reactive states of misery which follow understandable sources of grief, and which do not exceed the patient's capacity to continue living. Structural brain damage or disease may sometimes give a picture which resembles depression, particularly in the sphere of retardation and apparent withdrawal from reality ; but here there will usually be other signs of brain damage, and anyway the coexistence of depression is an important factor in assessing the outlook and management of the case even if the presence of such damage is established. Cases have occurred in which myxœdema or anæmia have presented as apparently pure depression. Again in both cases it is so frequently true that depression occurs as a concurrent syndrome, that while it is important to establish the diagnosis of the underlying or accompanying structural illness, the management of the depression may still be the most urgent problem in the case. It is worth remembering that a small but significant proportion of cases of pernicious anæmia present in the first instance as attempted suicides. Severe anæmia predisposes to depression, just as severe depression is often accompanied by secondary anæmia.

Any progressive and serious illness may be accompanied by depression ; carcinoma or senile phthisis may present with the symptoms of involutional melancholia. Other conditions which may confuse the recognition of depression include hysterical symptoms, the signs of the menopause, and the somewhat disturbed emotional state sometimes seen in the puerperium. In all these cases the possibility of underlying depression must be borne in mind. Hysterical symptoms not infrequently are the only way in which a depressed patient can convey his own sense of despair and imminent disaster ; while the well recognized emotional lability which may accompany both the menopause and the puerperium must never blind us to the symptoms of an underlying and far more severe depressive illness which, unrecognized, may cost the patient health, or even life.

The dangers of depression are themselves extremely serious. First and foremost of course is the risk of suicide. This is a real danger in every case of depression which exceeds the normal limits of a stable individual's response to personal unhappiness. Suicide may occur in simple depressions, in the depressive phases of recurrent depression or manic depressive states, and above all in involutional melancholia. Indeed it is probably true that the mortality of untreated involutional melancholia is at least 20% and perhaps higher still.

Of the available statistical studies, that performed by Norwood East in 1,000 consecutive suicides showed that at least 20% of them were depressed to a degree which would have made them certifiable. Another investigator, Gaupp, who followed up 124 cases and studied he antecedent circumstances attending their suicide, suggested that

no fewer than 44% of them were suffering from psychotic depression. Other investigators have discovered that less than 10% of all patients who commit suicide have been seen by a psychiatrist before they took this step. This suggests that the diagnosis is being made far too infrequently, and that a proportion of the patients who die undiagnosed could have been saved if prompt and effective treatment had been instituted.

Other dangers which may attend the condition are the development of depressive stupor, in which the patient becomes progressively retarded to a point where eventually he is unable to care even for his own bodily needs. This condition is more common in simple depression, or the depressive phase of cyclothymic conditions, than in agitated depression. Its only virtue is that it reduces for the time being the risk of suicide, by making the patient incapable of taking the action necessary to kill himself. But it may lead to death in other ways, from inanition, or from secondary infection, to which resistance is markedly decreased.

Other complications which carry their own dangers with them include the onset of depersonalization. This is a state in which the intense despair is succeeded by a feeling of complete personal unreality ; such a feeling may be accompanied by, or may alternate with, a feeling that everything else in the world is unreal. In both cases it represents the ultimate effect of protracted suffering, a kind of paralysis of feeling which sometimes may cut the patient off from normal experience of life for months or even years. Other complications include the reduced resistance to secondary infection already mentioned, anæmia, and the multiple vitamin deficiencies, particularly that of vitamin B, which may follow a depressive illness and may in turn lead to further profound impairment of health.

If all this is to be averted it is of course necessary to make the diagnosis accurately, and as early as possible. It must be evident from our practical experience of what happens to such patients, that this is not easy, and that all too often it is not done. One or two case histories may illustrate this :

Case 1.

This was a patient who came complaining of inability to think clearly, or perform his normal work, which was that of a designer and producer of cartoon films for a British firm. He was a retired naval officer with an excellent service record, and a successful business career up to the time of the development of the symptoms for which he eventually sought advice. His marriage was not particularly happy, although he had managed to contend with this successfully until a year before he sought advice. He showed the characteristic symptoms of retardation, failure of judgment, memory and decision. The picture was completed by his sense of general unworthiness, his conviction of inadequacy and failure, and a feeling of being below par. All this was accompanied by a disturbance of sleep rhythm with early waking, by loss of appetite, and by lassitude, fatigue and constipation.

The diagnosis was therefore not difficult when the symptoms and signs were elicited.

He responded admirably to treatment, and has now been well for over eighteen months. He was in fact responsible, after his treatment, for producing some of the cartoon films which were shown continuously in various pavilions in the Festival of Britain. After recovery he

mentioned that just prior to his coming for advice and treatment, he had felt convinced that the only possible thing to do was to kill himself.

Case 2.

This was a married woman aged 31 who complained of troublesome visions before her eyes and profound fears for her sanity. The complaint was of almost a year's duration and had developed following an attack of influenza the previous March. She had been married two months before that, in January, to a man she had known for nine years and to whom she was devoted. Her own doctor wrote of her complaint of visions : " Of course these were visual hallucinations . . . " and had attempted to certify her ; subsequently another doctor had advised her against pregnancy and she had been persuaded to enter a mental hospital as a voluntary patient, whence she had discharged herself after three days.

Investigation revealed that she was not in fact hallucinated, but a lifelong eidetic, that is, a person whose visual memory has a photographic quality, being abnormally detailed and accurate. Such people see vivid mental pictures of everything they remember: the condition is not uncommon in children but persists only rarely into adult life. In this particular patient the course of events seemed to be that following development of a post-influenzal depression, she had ruminated continually upon some of the more gloomy episodes of her past life, such as her attendance at her father's death-bed. In doing so she had conjured into her mind's eye visual recollections of these scenes as vivid, complete, and accurate in detail, as eidetic images characteristically are. And just as her descriptions of these experiences had suggested hallucinations to superficial enquiry, so the sombre view of her prospects occasioned by this opinion accorded only too well with her own feelings of hopelessness and despair, reinforcing her worst fears that she was becoming incurably insane. In fact her depressive illness yielded rapidly to treatment, and she too has been well for some time.

Cases 3 and 4, although different, can be described together ; for they both illustrate the importance of seeking beyond the presenting symptom for the underlying causes when these may be depressive.

Case 3.

Was a lady in her early fifties who was referred to the Skin Department complaining of infestation by imaginary insects. She was correctly noted as being hallucinated and deluded during her attendance at Dermatological Out-Patients. On examination in Psychiatric Out-Patients the presenting features of guilt, self-reproach, agitation and disturbance of sleep, appetite and bowels, with progressive weight loss, gave us the diagnosis. Treatment of her depression resulted in a total abolition of her delusional and hallucinatory symptoms.

Case 4.

Came on the recommendation of his firm, as an alcoholic. He was a technical engineer in an oil company, responsible for a great deal of difficult and exacting work. He too was in the latter half of life, and had experienced considerable domestic stress, and labour troubles at his job, immediately prior to the development of his alcoholic tendencies. On examination he was morose, remorseful, wept easily, and confided that he felt unable to tackle his job, and no longer worthy of his employer's confidence. His sleep, appetite, weight and bowels were characteristically affected. Moreover he was agitated, trembling, and had turned to alcohol as the only means available to him to damp down his increasing tension and despair. Once again the diagnosis, once made, enabled both treatment and prognosis of a more hopeful kind to be given.

These cases could be multiplied many times. It is important never to overlook the possibility of depression, and to remember the degree of severity which it may attain, with its attendant dangers, in particular the risk of suicide. Brilliant lives have been lost, and untold avoidable suffering has had to be endured, because these aspects of the

problem have been forgotten, or not even imagined. One way of bringing this home is to quote some excerpts from a patient's own letter. It conveys his state of mind, and his impression of his experiences at the hands of doctors whom he had consulted during his depressive illness, but before it was diagnosed. I quote from his letter :

> " . . . All I knew—I didn't even recognize it as an illness at all—was that I was getting very tired and finding it difficult to concentrate and to sleep . . . My dealings with doctors were not very satisfactory. This was partly my own fault since I was in no condition to explain my troubles properly. I was a desperate man in need of help and with no idea how to get it . . . I first saw my own doctor in the Summer of 1949. There were various physical symptoms which worried me. Chief of these apart from exhaustion was pain in my heart which had been increasing for the past few months. I was referred to the heart specialist at our local hospital and was told by him not kindly or quietly but openly in the presence of nurses, that I was wasting his time and my doctor's and that I had better forget about my symptoms. He also told me that I was a bloody neurotic. I went on seeing doctors, trying to find someone who would understand. I think all of them regarded my physical symptoms as an attempt to evade some issue. Everyone without exception advised me to stick it. They were all wrong. I knew in my heart I was not fit enough to do so. I wanted to more than anything in the world, because I liked my job which was teaching. But teaching is not like other jobs. If you cannot do your job the children suffer too. I was not a malingerer and I couldn't bear to be thought one . . .
>
> If I had had a doctor whom I felt really understood my case, and if I had felt that I would have received sympathetic treatment, I think I would have gone into a mental hospital then at that point if it had been suggested . . . I spent weeks and months wretchedly dragging myself around, unable to do anything, having lost all hope and not knowing where to go for help. I thought of faith healers, but I had no faith . . . By this time I knew despair . . . I was too proud and too ashamed and too tired to be continually hawking myself from doctor to doctor, in the hope of finding someone who was satisfactory. The one thing that had hitherto kept me from suicide was the effect it would have on my mother, who was 78, and my sister who was 37.
>
> I have pondered a lot since over the problem of how some doctors can be so cruel, thoughtless, and even brutal in some of the things they say and do. At first thought one would imagine that the sight of human suffering would make them more sympathetic . . . I think perhaps they are annoyed with themselves because they do not know what to do about it. Perhaps some of them are not sensitive enough to realize it when they see it. A doctor couldn't do his job if he were too sensitive I suppose. They have probably only read about people like me in medical textbooks. At best they can only have seen a few cases themselves, and perhaps they haven't recognized them when they *have* seen them. But although I criticise doctors I must also criticise and blame myself for the state I was in. Self-criticism and blame when one is unable to change is a terrible thing. When it is accompanied by physical debility it becomes a vicious circle going round and round in utter hopelessness. I often thought I would be better dead."

That is the testimony of a patient who, now that he is better, happens to be articulate. It is something none of us can afford to forget or dismiss. After all, the justification for our choice of profession is that we aim as far as we can to relieve human suffering. When that suffering takes the form of depressive illness, we have only to remain aware of the threefold framework I have sketched, and its application to the examination of the patient, to have at least a reasonable chance of making the diagnosis, and thereby of reducing both the suffering and the dangers. May I end this lecture with a quotation from the last pages of the *Anatomy of Melancholy* ; the

author is addressing his final words of advice to the patient afflicted with depression. He says :

> "*Let him submit himself to the advice of good physicians . . . Let him hear them speak to whom the Lord hath given the tongue of the learned, to be able to minister a word to him that is weary, whose words are as flagons of wine.*"

Gentlemen, I leave it to you.

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SCHOOL OF NURSING

ANNUAL PRESENTATION OF PRIZES AND MEDALS

THE annual presentation of prizes and medals took place on Tuesday, 28th July. Lord Cunliffe and Matron received a large number of visitors in the Nuffield Nurses' Home where tea was served. It was a great pleasure to welcome so many parents, representatives of other hospitals, members of the Staff and their wives and members of the Board of Governors.

After tea, the Physiology Theatre, kindly lent by Professor W. R. Spurrell, was soon filled to capacity. Lord Cunliffe, Chairman of the Board of Governors, presided and gave a short address of welcome. He said the ceremony was the last public function in the hospital which Miss Dorothy M. Smith would attend as Matron. We hoped to see her often in the hospital and expected to see her at least once a month when she attended as a member of the South East Regional Hospital Board.

The Sister Tutors then gave a brief report on the work of the past year and Sister Stamp in charge of an orthopædic ward concluded, speaking of the importance of the care of " long-stay " patients in the nurses' general training. The Matron also welcomed the visitors and spoke briefly on the International Nursing Conference held recently in Brazil (this is the oldest International Conference in existence). The foreward for the congress for the succeeding years was " Responsibility ". This she passed on to the Guy's nurses who were soon to leave their parent hospital, bidding them to " Go forward with a quiet mind and high courage ". The Superintendent, Mr. Doherty, paid tribute to Miss Dorothy M. Smith's work as Matron of Guy's Hospital ; he spoke of her wise guidance in hospital and nursing affairs during the critical period following the war years. If any one person in a hospital could make or mar the work of the whole it was the Matron, and Guy's Hospital holds its high reputation unchallenged.

The prizes were then presented by Sir Russell Brain, D.M., President of the Royal College of Physicians :—

Pharmacology : 1*st Prize* R. Hough, M. Restell, J. Rogers — 2*nd Prize* A. Keeble, J. Dolman, M. Lovering, E. Winder

Surgery and Surgical Nursing :

1*st Prize* F. E. Robinson — 2*nd Prize* D. Davies, B. Cheetham

M. Restell, M. Watson, J. Dolman

Medicine and Medical Nursing :

1*st Prize* J. Booth, M. Hazard, A. Long — 2*nd Prize* P. Baker, J. Hartnell, U. Till

Special Diseases : 1*st Prize* M. Evans, B. Gerrard — 2*nd Prize* J. Booth, J. Hartnell

Guy's Final Examination :

1*st Prize* A. B. Collins, M. McNair, J. Hern — 2*nd Prize* R. Finmore, M. Harper, P. Willson, V. Brigden, M. Knight

THE EVELINA HOSPITAL FOR SICK CHILDREN

Surgery and Surgical Nursing : J. Piper

Medicine and Medical Nursing : N. M. Martin

Hospital Final Examination :

1*st Prize* B. Gibbs — 2*nd Prize* J. Loft

Medals : Awarded to the Nurses obtaining the highest aggregate humber of marks in all examinations and taking into account their record of practical work.

Gold Medal : P. Jowett. *Silver Medal :* J. Hern. *Bronze Medal :* J. Webster

Butterworth Medals :

Awarded after seven years' consecutive service to :—

Miss Norah Relihan. Miss Bridget M. Rix.

The address by Sir Russell Brain followed. He spoke of the work of the nurse of the present day. Some time ago the essentials of a good nurse were said to be "a warm heart and carpet slippers". Today the nurse needed the science and art of nursing and organization to make best use of her skills. As the art of the portrait painter depicts the whole individual, so the nurse too must consider the patient in all his aspects and needs. The art of human relationships harmonizes both science and skill. He gave a challenge to the nurses present that there was work for pioneers and he hoped they would volunteer where the need was greatest. He finished with the words which he uses to each Fellow admitted to the Royal College of Physicians, "I wish you much happiness".

A vote of thanks was proposed by Nurse P. Jowett and seconded by Nurse J. Hern.

THE WILLS LIBRARY STOCKTAKING

The Wills Librarian would be most grateful if those in possession of books and periodicals from the library would return them *without delay* for checking purposes during stocktaking.

Borrowers engaged on work of a special nature who wish to retain volumes for a further period may do so without inconvience to themselves by renewing the loan on cancellation of the existing record.

REVIEW

Aids to Gynaecology. By W. R. WINTERTON, M.A., M.B., B.Ch., F.R.C.S., F.R.C.O.G. Eleventh edition. Baillière, Tindall & Cox. *Price* 8*s.* 6*d.*

This little book, in the well known Students' Aid Series, covers in a small space a wide range of gynæcological subjects. It should prove of limited value to those revising for their final examinations. There are good chapters on Disorders of Menstruation, Displacements of the Pelvic Organs, and Diseases of the Fallopian Tubes and of the Ovaries, while the last chapter on Gynæcological Operations is simple and informative.

But to a reviewer, definite reference in the preface of a new edition to a " very thorough revision ", is always something of a challenge. It is therefore distressing to have to admit that the author's and the present reviewer's interpretation of the words " *thorough revision* " *apparently fail to coincide.*

There is a great deal of loose and somewhat inaccurate descriptive writing in this book. " Menstruation begins at puberty and this is the time at which the other sex characters develop " (p. 14) might lead the uninitiated to overlook the distinction between primary and secondary sex characteristics. Two pages further on there appears the tardily accepted mixture between general and particular when mention is made of " the ovarian hormones œstrogen and progesterone ". But real confusion in this connection occurs on page 47 where we read, " The condition responds to œstrogen *or stilbœstrol* . . . " followed (p. 145) by a statement that " œstrogen *and stilbœstrol* in large doses have been used . . . " (reviewer's italics in both instances).

Married couples are not likely to thank Mr. Winterton for stating bluntly on p. 152 " Coitus should certainly be avoided by a woman who has a tendency to abort." In future editions the words " during early pregnancy ", inserted after " Coitus ", would provide a more humanitarian approach to what is, anyway, a difficult problem.

Mr. Winterton makes an equivocal remark (p. 155) in discussing the after-care of a case of hydatidiform mole : " The patient should be followed up for some months after the mole has been evacuated owing to the danger of chorion-epithelioma developing. The Aschheim-Zondek (*sic*) will become negative in three or four weeks. If it remains positive, *or if after becoming negative it again becomes positive, it is diagnostic of chorion-epithelioma* " (reviewer's italics). Such a pronouncement is not strictly accurate, and is calculated to alarm the unwary. The reasonable—in fact, likely—probability of another (normal) pregnancy in such circumstances should at least have been mentioned as a qualification to so categorical a generalization. Diagnostic ! Is no woman to bear a normal child after a hydatidiform mole ?

One further example of the author's somewhat disturbing approach to his subject must suffice : At the bottom of page 91 is a paragraph which repeated scrutiny has so far failed to elucidate. Here he is dealing with the subject of Radium Application in cases of carcinoma of the cervix. He says, " The Paris school usually pass three tubes (contained in a gum elastic catheter) into the cervix, lying one above the other. One tube is placed in each lateral fornix, and one in contact with the external os ; all tubes lying antero-posteriorily." So here we have three tubes, lying one above the other, in a gum elastic catheter : they are all inside the cervix, but one is in each lateral fornix, and the third is in contact with the external os : in addition they are all lying antero-posteriorily. Imagination boggles at the situation which must, at this stage, exist in the vagina. Or are we, in fact, dealing with six tubes ? If so, why specify three ? But this is not all : " The vaginal tubes are contained in corks covered with collodion, the two corks in the lateral fornices being held apart by a spring." (Does this mean one cork or two in each lateral fornix ?) " About 66 mg. of radium are used " (in each tube, or is that the total dose ?) " and allowed to remain in the patient for five days, the dose being from 8,000 to 9,300 mg. hours." Assume the total dose inserted to be 66 mg. : then the dose for five days is $66 \times 24 \times 5$. This, according to my arithmetic, works out at 7,920 mg. hours—which is appreciably less than even the minimum dose specified by the author. His paragraph appears to exceed, in obscurity, the densest fog that has ever overwhelmed the Borough.

Smaller, though none the less irritating, inaccuracies are exemplified by the

following selection :—

Page 2, " glans clitoris " should be " glans clitoridis ".
Page 39, " Lichen sclerosus " and " lichen sclerosis " both appear within a few lines of each other.
Page 153, " Albuminemia " is quoted as a feature of toxæmia of pregnancy. This condition has, so far, eluded identification.
Page 158, the plural of " ostium " is " ostia ", not " ostea ".
Page 161, " Maculæ gonorrhœica " should read " maculæ gonorrhœicae ".
Page 166, " œstrodiol " occurring here, and on other pages, should be " œstradiol ".

—and so on. The valuable information submerged in this little volume is much obscured in consequence. The book clearly needs a great deal more " very thorough revision " before it can be recommended to candidates for examinations.

E.E.D.T.

SPORT

CRICKET

Guy's 2nd XI *v.* Guy's Employees' C.C.

At H.O.P. Result : Employees won by 28 runs
Saturday, 25th July, 1953

The employees won the toss and batted first. After losing five wickets for 15 runs, the employees revived and declared at 78 for 9 wickets. Alabaster, Bassett and Richards were mainly responsible for the employees reaching 78. Millman and Wooding bowled well for the students.

After tea the students replied with a total of 50, Millman being the only batsman to play the Employees' bowling. Good bowling by Tubb and Wellington enabled the employees to win by 28 runs.

Guy's 2nd XI

Robinson, b. Tubb	5
Montgomery, b. Wellington	0
Major, l.b.w., b. Wellington	0
Wooding, b. Tubb	1
Courtney, b. Wellington	6
Hudson, b. Wellington	5
Lewis, b. Tubb	0
Linsey, not out	6
Morgan, l.b.w., b. Wellington	0
Millman, b. Tubb	18
Lasserson, b. Alabaster	0
Extras	9
	50

Bowling :	O.	M.	R.	W.
E. Tubb	9	2	20	4
D. Wellington	8	0	15	5
C. Alabaster	1	0	6	1

Guy's Employees

E. Tubb, l.b.w., b. Millman	0
G. Rooke, c.—, b. Wooding	3
D. Wellington, b. Millman	1
C. Alexander, b. Wooding	2
W. Hicks, c.—, b. Major	4
C. Alabaster, st.—, b. Major	14
A. Bassett, b. Wooding	14
D. Richards, c.—, b. Lasserson	21
T. Salisbury, l.b.w., b. Wooding	6
T. Hobbs, not out	0
A. N. Other	0
Extras	13
Total for 9 wickets	78

Bowling :	O.	M.	R.	W.
Millman	10	6	11	2
Wooding	11	5	17	4
Major	7	0	27	2
Courtney	2	0	10	0
Lasserson	0·4	0	0	1

LAWN TENNIS CLUB

Results

29th July, 1953
v. **Metropolitan Police**
Abandoned 1—1

1st August, 1953
v. **London House**
Won 9—0

2nd August, 1953
v. **St. George's Hill**
Won 5—4

Bullard and Osborn	2—1
Quant and Elsdon-Dew	2—1
Dwyer and Counsell	1—2
	5—4

RESULT OF CROSSWORD

appearing in our last issue.

C		T		L		T	R	E	P	P	E			
O	B	E	S	I	T	Y		R		O		I		
C		R	U	B		N	A	B		L	A	P		
C	O	M	B	I	N	E	D		A	I	D	S		
U			A	D	O		A		N	O	D	E		
S	A	R	C	O	L	E	M	M	A		I			
	R		U		L			Y	E	A	S	T		
	S	A	T	E		A	T	O	M		O			
D	E	G	E	N	E	R	A	T	I	O	N			
O	N	E		T		G	R	O	A	T	S			
R	I	N	N	E		O		M		T		O		
I	C	T	E	R	U	S		Y	I	E	L	D		
C			W			Y				R		E		

HOSPITAL INFORMATION

GUY'S HOSPITAL REPORTS

Contents 1953. Vol. 102. Number 3

Mollison, W. M. : How *Listerism* came to London. pp. 183–188.

Hill, Adrian : Large Hydronephrosis simulating Ovarian Cyst. pp. 189–193.

Brunnen, P. L. : The Preparation and Preservation of Arterial Homografts. An Experimental Study. pp. 194–203.

Brock, R. C. : Aortic Homografting. A Report of Six Successful Cases. pp. 204–229.

Fisch, G. H. A Case of *E. Coli Meningitis in the* Newborn treated with Intrathecal Chloramphenicol. pp. 229–233.

Farrell, R. H. Hyperchloræmic Renal Acidosis of Infants (*Nephrocalcinosis Infantum*). Report of a Case and Review of the Literature. pp. 234–239.

Starkey, G. W. B., and Milstein, B. B. : Report of a Death following Selective Angiocardiography. pp. 240–245.

Baker, G. P. : Hereditary Hæmorrhagic Telangiectasia with Gastro-intestinal Hæmorrhage and Hepato-splenomegaly. pp. 246–252.

Lane Roberts, P. A. : Hernia through the Foramen of Winslow. pp. 253–264.

Baker, G. A. E. : Polyarteritis Nodosa : A Report of Two Cases. pp. 265–276.

APPOINTMENTS VACANT

GUY'S HOSPITAL

The Board of Governors of Guy's Hospital invites applications from registered Dental Practitioners for the post of **Registrar** in the **Department of Preventive Dentistry** with attendance on 3 sessions per week, duties commencing on 1st October, 1953. The appointment will be in accordance with the Terms and Conditions of Service of Hospital Medical and Dental Staff in the National Health Service. Forms of application are obtainable from the Superintendent, Guy's Hospital, London, S.E.1, to whom applications should be sent not later than **Saturday, 22nd August, 1953.**

UNIVERSITY OF LONDON APPOINTMENTS

The title of Professor Emeritus of Physics has been conferred on Professor Gilbert Stead, D.Sc., on his retirement from his Chair at Guy's Hospital Medical School.

Dr. W. St. C. Symmers, senior lecturer in pathology (morbid anatomy and histology) in the University of Birmingham, has been appointed to the Chair of Morbid Anatomy at Charing Cross Hospital Medical School.

UNIVERSITY OF LONDON

Academic Postgraduate Diploma in Public Health
June, 1953

J. Carlton A. J. I. Kelynack

ROYAL COLLEGE OF SURGEONS OF ENGLAND

F.R.C.S.

Primary Examination

July, 1953

J. W. Bradbeer J. G. Hamilton
M. C. Gilbert N. H. Porter

PASS LIST

CONJOINT BOARD

L.R.C.P., M.R.C.S.

Final Examination

July, 1953

Pathology

M. R. Alderson W. P. N. Moore
D. W. Breese O. Morton
L. F. Brunt E. G. Palmer
C. D. Chilvers A. J. Pearson
G. E. Fulford A. P. O. Stewart
E. R. Gibbons L. Stimmler
A. C. Graham E. E. D. Tomlin

Medicine

G. H. Anderson D. J. Hudson
L. F. Brunt A. G. Malleson
T. A. P. Clarke Sheila M. Mullally
W. F. T. Davies A. A. Roe
D. Dodshon *J. R. Wood

Surgery

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*D. B. Longmore *J. R. Wood
*Margaret J. Purser *R. W. P. Yates
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J. B. Anderson W. S. Lund
Jacqueline E. Banbury H. R. B. McCauley
A. Berry O. Morton
C. Bishop T. W. Nicholson
H. R. Bissoon-Dath D. B. A. Ofomata
A. M. Brown A. J. Pearson
J. C. Burt C. W. Pook
R. W. Edmonds M. W. Potts
Joan Endean E. G. Reynard
E. R. Gibbons Joan M. Sadler
G. Gover D. L. Smithson
A. C. Graham J. A. Stevens
A. Halamandres L. Stimmler
K. S. Jap E. E. D. Tomlin
N. A. G. Leadbeater J. H. P. Willis
D. C. Linahan *R. W. P. Yates
*D. B. Longmore

*Have completed the examination.

GUY'S HOSPITAL SCHOOL OF NURSING

STATE EXAMINATIONS, JUNE, 1953

The following Nurses have passed the Final State Examination :—

D. J. Blair P. L. Jones
R. Brayford O. M. Joyce
V. G. Brigden J. L. Kemp
S. N. Brook K. M. Lane
J. R. Broscomb S. D. Lloyd
J. Brown M. D. McNair
D. Bulgin M. M. Martin
P. G. Burge G. J. Mekelburg
A. Burgess L. J. Morey
B. Burgess D. T. O'Connell
D. Cossentine J. M. Pick
P. M. Exelby G. M. Preston
S. Fenn J. M. Price
A. M. Ffrench A. M. Raleigh
A. Foster I. St. John Frost
F. A. Gilroy J. Sheppard
K. Gray J. M. Webster
J. P. Heath J. M. Wickens
M. Hovil D. J. Williams

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

Blackburn, Guy. The Modern Treatment of Thyrotoxicosis. *Med. Pr.*, 1953, **230**, 121.

Blockley, Clive H. Bite-ling Radiographs in the Deciduous Dentition. *Brit. dent. J.*, 1953, **94**, 48.

Collard, Patrick, Anderson, Kevin, King, M. B., Chalmers, D. G., and Knox, Robert. Bacteriological Control of Therapeutic Trials in Pulmonary Tuberculosis. *Lancet*, 1953, ii, 155.

Covell, Sir Gordon, and others. Pyrimethamine (" Daraprim ") in the Treatment of Vivax Malaria. *Brit. med. J.*, 1953, ii, 258.

De Mowbray, R. R. Discussion on the Diagnosis and Treatment of Addison's Disease. *Proc. R. Soc. Med.*, 1953, **46**, 565.

Deuchar, D. C., and Venner, Albert. The Blood Pressure during Cardiac Massage in Man. *Brit. med. J.*, 1953, ii, 134.

Engel, S. A Method of Investigating Small Three-Dimensional Objects. *Med. biol. ill.*, 1953, **3**, 100.

Forman, L. ? Purpura Urticans with Regional Distribution (Early Manifestation of Vascular Sensitization) and Polyarthritis. Case for Diagnosis. *Proc. R. Soc. Med.*, 1953, **46**, 547.

Hodgson-Jones, I. S., and others. The Surface Skin Fat in Sebhorrhœic Dermatitis. *Brit. J. Derm.*, 1953, **65**, 246.

Joiner, C. S., MacLean, K. S., Chalmers, D. G., Anderson, Kevin, Collard, Patrick, King, M. B., and Knox, Robert. Chemotherapy of Pulmonary Tuberculosis. *Lancet*, 1953, ii, 152.

Knox, R. Discussion on Chemotherapy of Tuberculosis : (abstract) Isoniazid : *In Vitro* Sensitivity and Resistance. *Proc. R. Soc. Med.*, 1953, **46**, 579.

Kolesar, Peter D. Exposure of Pulp Due to Impacted Upper Third Molar. *Brit. dent. J.*, 1953, **95**, 47.

Lane, R. E., and others. Chronic Bronchitis : An Introductory Examination of Existing Data. *Brit. med. J.*, 1953, ii, 237.

MacKenzie, Ian. The Clinical Presentation of the Cerebral Angioma. A Review of 50 Cases. *Brain*, 1953, **76**, 184.

McKeown, Thomas, and others. Association between Period of Gestation and Length of Menstrual Cycle. *Brit. med. J.*, 1953, ii, 253.

MacLean, Kenneth. The Treatment of Cystitis. *Practitioner*, 1953, **171**, 205.

Marshall, Sir Geoffrey. Discussion on Chemotherapy of Tuberculosis. *Proc. R. Soc. Med.*, 1953, **46**, 590.

Marston, Archibald D. Muscle Relaxants. *Practitioner*, 1953, **171**, 121.

Moll, E. L. Observations on the Use of Papaverine and Codeine in General Practice. *Practitioner*, 1953, **171**, 76.

Nissim, J. A. Physico-Chemical Properties and Toxicities of Different Iron Preparations. *Brit. J. Pharmacol.*, 1953, **8**, 197.

Owen, Robert D. Cardiff and its Environs. *Brit. med. J.*, 1953, i, *Supplement*, p. 273.

Owen, R. D. Discussion on the Management of Cervical Metastases from Laryngeal Carcinoma. *Proc. R. Soc. Med.*, 1953, **46**, 490.

Partridge, Maurice. Prefontal Leucotomy. *Med. Pr.*, 1953, **229**, 575.

Payne, W. W. Infantile Renal Acidosis. *Medical Annual*, 1953, p. 366.

Poulton, E. M. Congenital Multicystic Kidney with Ectopic Ureter. *Proc. R. Soc. Med.*, 1953, **46**, 428.

Rees, R. J. W. Discussion on Chemotherapy of Tuberculosis. Antituberculous Activity of Certain Non-Ionic Detergents. *Proc. R. Soc. Med.*, 1953, **46**, 581.

Robson, J. M. Discussion on Chemotherapy of Tuberculosis. Experimental Investigation in Intracorneal Infections. *Proc. R. Soc. Med.*, 1953, **46**, 580.

Rogers, A. Talbot. Discussion on the Rôle of Physical Medicine in Geriatric Practice. *Proc. R. Soc. Med.*, 1953, **46**, 342.

Rowland, P. R. Mechanism of Electropolishing. *Nature*, 1953, **171**, 931.

Shaw, M. E. Discussion on Peptic Ulceration. *Proc. R. Soc. Med.*, 1953, **46**, 356.

Stewart, I. McD. G. Headache and Hypertension. *Lancet*, 1953, i, 1261.

Tewfik, G. I. Suxamethonium—Modified Electroconvulsive Therapy in the Frail and Elderly. *Lancet*, 1953, ii, 110.

Thompson, R. H. S. Cholinesterases. *Brit. med. Bull.*, 1953, **9**, 138.

Treadgold, Sylvia. Mounting : Part 2. The Mountant. *Med. biol. ill.*, 1953, **3**, 69.

Whimster, W. S., and others. Diagnosis of Thyrotoxicosis by a Simple Out-Patient Radioactive Iodine Technique. *Brit. med. J.*, 1953, ii, 21.

Worster-Drought, C., and others. Familial Idiopathic Methæmoglobinæmia Associated with Mental Deficiency and Neurological Abnormalities. *Brit. med. J.*, 1953, ii, 114.

Wright, E. A., and another. Rapid Specific Preventive Action of Tetanus Toxoid. *Nature*, 1953, **171**, 797.

Wright, G. Payling. Nerve Trunks as Pathways in Infection. (Presidential Address.) *Proc. R. Soc. Med.*, 1953, **46**, 319.

CHANGES OF ADDRESS

G. F. Barnes, M.B., B.S., D.R.C.O.G., Morfa Hall, Newquay, Cornwall.

D. G. Bunker, L.D.S., R.C.S., 17 High Street, Biggleswade, Beds. Tel. : Biggleswade 3182.

A. G. Charlton Cox, M.D., M.R.C.P., 9 Lansdowne Road, Wimbledon, London, S.W.20. Tel. : Wimbledon 1613 (private residence).

W. E. D. Evans, M.D., 8 Tattenham Way, Burgh Heath, Surrey. Tel. : Burgh Heath 2118.

D. H. Forsdick, M.B., B.S., 22 Arthur Road, Winchester, Hants.

G. K. Lacey, L.D.S., R.C.S., Windy Ridge, Effingham Common, Surrey. Tel. : Bookham 2530 (private residence).

BIRTHS

BUNKER.—On 27th June, 1953, to Mary (née Hyslop), wife of D. G. Bunker, L.D.S., R.C.S.—a daughter (Alison May).

FRY.—On 3rd July, 1953, at Nuffield House, to Maureen (née Casey), wife of Ian Kelsey Fry, M.B. B.Ch.—a daughter.

MARRIAGE

BOWES—ABBOTT.—On 20th June, 1953, at Kingswood, Surrey, Colin Bayley Bowes, L.D.S., R.C.S., to Pamela Mary Abbott, M.C.S.P.

DEATH

DONALD.—On 19th July, 1953, John Alexander Donald, L.D.S., R.C.S., aged 76 years.

EDS. { E.B.D.T. P.S.B.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXVII. No. 1698 22nd August 1953 One Shilling

PASSIM

Bell Once Only

TAKEN all in all it seems to be the school children on holiday in France who have survived the strikes there best. Their enthusiasm is, if anything, even more abounding under such conditions. Excitement follows excitement and the irritations which would seem almost intolerable to grown-ups take on a sort of picnic quality which a holiday abroad always encourages in the young. They find little of dismay in the thought of sitting up all night on a deserted platform at some strike-smitten station. Humping knobbly luggage over the silent tracks, or getting lifts in uncouth vehicles (and who does not remember that remarkable character M. Débris, whose rattling 'bus probably still meets the incoming boat at Le Havre ?), all go to complete a picture of " the most exciting fortnight of my holidays " which, sure as fate, will be set as the first title for the first essay of the first week of next term. That was France. A land of delightful chaos utterly unlike the disordered disciplines of a strike-free Place de la Concorde, or the respectable calm of the Faubourg St. Honoré.

Strikes, to the young, seem so simple : such fun. The appearance of a 'bus is an event. Then, to have " seen a train " is to provoke the envious glances of those who, a few days before, had never raised an eye as reciprocating monsters clanked brazenly beyond the garden fence. There was a time not many years ago when, to children's eyes, every motor omnibus on the London streets gave explicit, clear, kindly instructions to passengers on how to bring a 'bus strike to an end should they (by some unfortunate mischance) find themselves seated in a public vehicle from which driver, conductor, and pulsating life had suddenly departed. Such a considerate company to tell its fares what to do ! *To stop the 'bus strike* said the little notice on top, *bell once only.*

The real and continuing difficulty was to discover what the process of " belling once only " really involved. No doubt it was some peculiarly grown-up manœuvre of which, in time, one would be unmistakably aware. No one ever succeeded in putting into effect the far reaching possibilities of those three magic words ; perhaps because the last 'bus strike occurred at a time when that cryptic notice no longer appeared beside the mushroom-top bell at the head of the spiral stairs leading to the platform below. For the mushroom bell has gone—with the open upper deck, the slatted seats and the tarpaulin aprons.

But the trams made amends. The notices they carried permanently fore and aft must have been a constant drain on the resources of the Fire Brigade, summoned (how many times one dare not calculate) because of *passengers alight at both ends.* And now the trams have gone too.

We extend a warm welcome to Miss Jean Addison on starting her new duties as Matron of Guy's. Miss Addison has already had a close association with the Hospital, and we are delighted to know that she is back with us. Last week she succeeded Miss Dorothy M. Smith, to whom we wish much happiness in her new work—notably with the South Eastern Regional Hospital Board—and of whom we publish an appreciation in this issue.

We congratulate Dr. T. A. B. Harris on receiving the Doctorate of Medicine from the University of Melbourne for his thesis on *The Mode of Action of Anæsthetics on Cells.*

The 1954 edition of the *Guy's Directory* (Medical and Dental) is in course of preparation. All qualified Guy's men and women who have not already made a return, are asked to send any change of address and additional qualifications for insertion in the forthcoming issue to : The Manager, The Gazette Office, Guy's Hospital, S.E. 1, before 30th September, 1953.

Our epitaph to an " unsatisfied bowel " has provoked the following response from the Stygian shore :

Sir, Your sarcophagographer, I wis
Did me great wrong, in reading " un- " for " dis- ".
Ambition soared, roughage alone to use,
Addicts of quackery to disabuse.
Since thoughts of sex no longer cause commotion
Permanent wave's a poor exchange for motion.

The destructor, B. O. WELLS.
Guy's Hospital.

OBITUARY

ROBERT OSWALD MOON, M.D., F.R.C.P.

DR. R. O. MOON, who was consulting physician to the National Hospital for Diseases of the Heart and the Royal Waterloo Hospital, died on July 28th at the age of 88. His career was adventurous. His professional distinctions and his administrative office in the Royal College of Physicians, of which he was a fellow, were matched by enthusiastic but unsuccessful candidatures in the Liberal interest, his Yeomanry Service in the South African War and his scholarly attainments in German literature and medical history. His wife died twenty years ago and to his daughters and son, we offer our sympathy.

GUY'S DIARY

SEPTEMBER		
		Exhibition. Surgical Department. " *Acute Abdomen.*"
14th	1.00	Clinical Lecture. Mr. A. D. Marston.
15th	1.00	Clinical Lecture. Mr. H. J. B. Atkins.
18th	1.00	Clinical Lecture. Dr. A. C. Hampson.

Twenty-Five Years Ago

From Guy's Hospital Gazette, 25th August, 1928.

(. . . *being an extract from a letter to the editor by M. Parry Jones, M.D.*)

In those days (*1878–1880*) we were much worried by quite useless attendance at lectures, some quite out of their time. We had to listen to lectures on therapeutics and materia medica whilst we were still doing anatomy and physiology and before we had got into the wards. We were told what was good for pertussis when we had not the slightest idea what it was, and we were supposed to learn the various drugs suitable for pleurisy, bronchitis and pneumonia, which were only names to us, who did not know "t'other from which." We were supposed to learn off a list of the different preparations of each drug and how they were made and the contents of each! And had to memorise the ingredients of pil. scillæ co. and decoctum sarsæ co. Dr. Moxon was one of our ablest physicians—and there were giants in those days—and a brilliant wit. He did not conceal from us that he recognised the absurdity of the whole thing and constantly poked fun at it, telling us we had to learn the lists he gave us and that he had learnt them up last night, so as to tell us! . . . . It was Moxon who in describing the mixtures in the Guy's Pharmacopœia said he was sure their authors had in mind the Guy's motto, "Dare quam accipere."

Fifty Years Ago

From Guy's Hospital Gazette, 29th August, 1903.

The temporary Medical School Offices were opened quietly and unostentatiously in the middle of this month, and a placard pointed the way to the airy and spacious rooms they now occupy. By some mishap, doubtless the result of the stormy weather, the hand pointed direct into the nursing home, but this is now remedied. There is a palatial, though as yet unfurnished, room in which medical committees and so forth will sit. The offices are above the Wills Library, in the building that till recently served as the temporary Nurses' Home.

Seventy-Five Years Ago

From Guy's Hospital Gazette, August, 1878.

We had occasion, a short time ago, to call attention to the numerous notices of Classes, Demonstrations, etc., which appeared on the notice board in the Colonnade during the late Session, and we gave them as evidence that there was plenty of work to be done in the Summer Session. We showed that all this was part of a method of teaching which the present development of scientific examinations demanded, and we also tried to show that this system of class teaching, apart from any idea of *cram* was likely to prove useful in studying medicine generally . . . . It is said that a limited education, such as may be obtained by rushing through a Hospital Course in two or three years, is enough to fit a man for ordinary practice; well, let such men bury themselves in obscure country villages where they may quite undisturbed treat their patients on "general principles" and what they are pleased to call "common sense lines of treatment". But the tone of our profession is not to be raised in such a way. . . . .

NOTICE: SURGICAL DEPARTMENT LIBRARY

The following books are missing from the Surgical Department Library. The Librarian would be most grateful if they could be returned forthwith.

Handbook of Surgery	Mekie and Mackenzie.
Recent Advances in Pharmacology	Robson and Keele.
Internal Derangements of the Knee-joint ..	Timbrell Fisher.
Annals of Surgery, January, 1953, Vol. 137.	

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DOROTHY M. SMITH, C.B.E.

Matron of Guy's Hospital, 1946-1953

MISS DOROTHY M. SMITH

AN APPRECIATION

MISS DOROTHY M. SMITH, C.B.E., who is retiring this month at her own wish, has had a remarkably successful and unusually distinguished career in the Nursing Profession. When she had completed her training at Guy's, she was made a Staff Nurse and then a Ward Sister, but by her quiet confidence and complete efficiency she was soon singled out for further promotion and, at the first opportunity, she was appointed Assistant Matron. In 1926, only ten years after coming to Guy's, she was appointed Lady Superintendent of the Middlesex Hospital, a post which she held until, on the retirement of Miss MacManus early in 1946, she accepted the invitation of the Court of Governors to return to Guy's.

As Matron she has served the hospital for more than seven years and they have indeed been years of strenuous and continuous endeavour. She had to follow one who had made herself loved and respected not only by the Nursing Staff but also by the patients and by all grades of the Hospital Staff, one, too, who had made for herself an accepted reputation as an authoritative speaker on nurses' education and on nursing problems of all kinds. It was under this serious handicap that Miss Smith returned to Guy's in 1946 and now, already, we are bidding her a very grateful and affectionate " Goodbye."

The Matron of any large Teaching Hospital must have, above all other qualities, the strength of character and personality which will enable her to face and overcome the difficulties which are inevitably attached to the post. She must, too, have the right degree of self-possession and the necessary unobtrusive dignity to ensure that her rôle as a figure-head, not only of the Hospital but also of the Nursing Profession, is tacitly accepted by all whom she is called upon to meet, whether in her official capacity or not. She must have the highest ideals for the Nursing Profession and must be prepared to fight for them and the high standards which are implied. Nor is it a single battle, after which she can afford to relax and cry " Content !". It is a struggle which must be constantly continued without any " let-up ", if she is to be able, in her turn, to pass on the torch to her successor with the inward satisfaction that comes of good work accomplished. All these qualities Miss Smith possesses to a very high degree and she can rest assured that those who are most familiar with what she has done for Guy's in the past seven years appreciate it at its true value and are deeply conscious of the debt which the Hospital owes her.

Nor, in assessing her work for Guy's, can we forget the very active and important part she has played in the affairs of the Nursing Profession generally. As Chairman of the General Nursing Council from 1944 to the present time and as President of the Association of Hospital Matrons, her work has been so outstanding that she was, in the Coronation Honours List, awarded the C.B.E., a high distinction which has been fully earned.

The authoritative position which she has made for herself in nursing circles was acknowledged by her appointment as a member of the South-East Metropolitan Regional Hospital Board and of the Board

of Governors of King's College Hospital. Her reputation, marked by these signs of national approval, is such that at the International Congress of Nurses, both in the U.S.A. in 1947 and again this year in Brazil, she was honoured by an invitation to address the Congress.

Perhaps the most important of the many steps she has taken towards improving the conditions under which Guy's nurses do their training was the inauguration of what is known as the " Block System." She herself would probably be the first to give the credit for this substantial advance to her predecessor, who had prepared the ground for her by persuading the Court of Governors to approve of the step being taken as soon as it could be justified by the appropriate increase in the number of nurses. But to Miss Smith must be given the whole of the credit for the actual introduction of the Block System, which demanded the working out of a mass of administrative detail. That the system went smoothly from its inception showed clearly Miss Smith's ability to overcome the many difficulties with which she was faced. This was a real advance in Nursing Education and it has done much to ameliorate the lot of the nurse. No longer is she required to attend lectures when she is tired in body and in mind after a long day's work in the ward, nor is it necessary for her to sit down to study in her bedroom, even though she may still prefer to do so ! That Guy's should have been amongst the first of the large teaching hospitals to adopt the Block System is characteristic of the Hospital.

But, in addition to the active part she has played in raising the educational standard of the nurses and in maintaining our best traditions in the individual attention given to patients, Miss Smith has always taken a keen and lively interest in everything that pertains to the nurses' welfare and she has continued to follow a broad-minded policy in connexion with their organized recreations and amusements.

The " bad old days ", when the Matron was regarded as a formidable " kill joy " whose principal interest was the maintenance of an impossible but inflexible standard of discipline, have gone for ever and have been succeeded by a period in which the student nurse is treated as a rational being, capable of being trusted to behave herself within the Hospital with the decorum desirable and of remembering outside the Hospital that she is still a Guy's nurse.

All Guy's men and women will wish Miss Smith many, many years of pleasantly active and occupied retirement and the necessary good health to enjoy it to the full. *Vale !*

RECENT ADDITIONS TO THE WILLS LIBRARY

Banks, A. Leslie : *Social Aspects of Disease.* Arnold. 1953.
Beblette, C. B. : *Photography.* 5th edn. Macmillan. 1952.
Berman, Charles : *Primary Carcinoma of the Liver.* Lewis. 1951.
Biggs, Rosemary and MacFarlane, R. G. : *Human Blood Coagulation and its Disorders.* Blackwell. 1953.
Black, Douglas A. K. : *Sodium Metabolism in Health and Disease.* Blackwell. 1952.
Blacklock, D. B., and Southwell, T. : Revised by T. H. Davey. *A Guide to Human Parasitology for Medical Practitioners.* 5th edn. Lewis. 1953.
Boyd, William : *An Introduction to Medical Science. An Elementary Text of Pathology.* Kimpton. 1952.

Further titles will be published in our next issue.

FACT AND FALLACY IN THYROID DISEASE

Based on a Clinical Lecture delivered at Guy's Hospital on January 27th, 1953

By GUY BLACKBURN, M.B.E., M.CHIR., F.R.C.S.

I CANNOT, in the time available, go more than sketchily over the ground I intend to cover, but I hope, at least, to discuss some of the difficulties in the diagnosis and treatment of thyrotoxicosis, illustrated by the three patients with us today.

Let us look, first of all, at primary thyrotoxicosis, commonly known as Graves' Disease. This, in itself, is historically unfair to Dr. Parry of Bath, who described Hirschprung's Disease before Hirschprung, and Graves' Disease ten years before Graves. Basedow (1840) published his description of the condition five years later than either of them. The classical features are well known to you and they are found usually in a young woman of 25-30, with exophthalmos and the other eye signs, to which attention will shortly be drawn, tachycardia, palpitations, increased appetite, loss of weight, nervousness, tremor, irritability, menstrual disturbances and perhaps diarrhœa. This lady (*Figure* 1), however, is 55 and that is an atypical age for this condition ; she has, moreover, a mild exophthalmos and the characteristic stare. Infrequent winking or blinking, a lid lag on looking down and globe lag on looking up, absence of forehead wrinkling, swelling of the lids, chemosis, lack of convergence, ophthalmoplegia and even diplopia are the other ophthalmological features for which we look in studying patients with this interesting condition. Very rarely will all be present and only in so-called malignant exophthalmos do diplopia and ocular palsies occur.

Photographic Dept., Guy's Hospital

Figure 1

These are the established facts of hyperthyroidism but you will appreciate the range of possibilities, when I tell you that I have seen two patients over 70 years of age in the last six months with so-called primary toxic goitre. One was treated by operation and the other, under Dr. Mann, by propyl thiouracil. Children, too, may develop

thyrotoxicosis and the diagnosis not be evident until exophthalmos is marked. Proptosis is a synonymous term and it may be unilateral in some cases of toxic goitre.

To return to the lady, whom I have just shown you, she would fall more easily into the group of so-called secondary toxic goitre—that is, thyrotoxicosis superimposed on nodular goitre. For thyrotoxicosis is really a syndrome which we commonly see in two groups of patients, the first of which I have already described and the second comprising subjects, mainly women, of middle age—for this purpose 45 to 55 years old—who have had a goitre for many years, which was originally of the colloid variety. Nervous system and eye signs are less marked and menstrual irregularities unimportant. The cardiovascular signs are, however, very significant and arrhythmia, in the form of fibrillation, of great importance. The basal metabolic rate is also less raised in this group than in patients with primary thyrotoxicosis.

Atypical varieties in both groups of patients give rise to special difficulties and, amongst them, we find cases with no weight loss in spite of a raging tachycardia, and others, particularly men, where muscle weakness closely resembles myasthenia gravis, examples of gross eye changes with little evidence of thyroid enlargement, and finally myxœdema with hyperplasia of the thyroid gland, as in patients over-treated with thiouracil or potassium thiocyanate. It must be remembered, in passing, that thyroid deficiency is also ultimately found in Hashimoto's disease.

Photographic Dept., Guy's Hospital

Figure 2

MYXŒDEMA

The second patient is a man (*Figure* 2) of 61, complaining of tingling in his hands and feet, which began swelling a year ago and became very dry. He began to lose his appetite four months ago, disliked the cold weather, found his bowels very stubborn and began to get sleepy. This contrasts, of course, with the classical picture of cretinism in children and of patients after thyroid operations, putting on weight in large amounts and in a certain distribution, with supraclavicular deposits in particular, thickening of the voice, swelling of the eyelids and a general slowing down of metabolism. This patient's basal metabolic rate is —32% and he will obviously respond quickly to thyroid medication.

Recurrent Thyrotoxicosis

The third patient, a lady of 25, illustrates another common problem. She first attended the Chelsea Hospital for Women in 1947 for investigation of the cause of her amenorrhœa of some years standing. Now, oligomenorrhœa and even amenorrhœa occur in primary thyrotoxicosis and this patient, on investigation, was found to present no other signs of the disease. She was, therefore, treated with thiouracil and subsequent thyroidectomy. She then had a baby and remained well until now, nearly six years later, when she again has a swelling in the neck and evidence of mild thyrotoxicosis. Her hair is tending to fall out and the eyebrows are naturally thin, but this, though more usual in myxœdema, is here associated with the opposite condition. This is a paradox, but endocrine disturbances are full of them.

This patient's treatment, therefore, presents a difficult problem, but she has solved it herself by one of the best remedies known in this condition—in the form of pregnancy. Her symptoms will probably subside, or at least remain in abeyance, for a year or more and no antithyroid medication will be necessary. In general terms, however, thyrotoxicosis developing in pregnancy, at least in the first six months, is treated like thyrotoxicosis in other people. In the last three months, operation is probably best avoided.

In other patients, recurrent thyrotoxicosis poses a difficult surgical problem. Radioactive iodine may well be the solution, but it would be premature to speak more emphatically than that. It may, in fact, be an unjustifiable form of medication in premenopausal patients, in whom the incidence of recurrence is highest. The fear of a delayed carcinogenic action is the basis of this allegation, which time alone can disprove.

If a secondary operation is done, is there any guarantee that this will abolish the chance of further recurrence? The answer depends largely on the nature of the first procedure, and surgery should always be advised in suitable patients, where the first operation has involved anything less than the removal of seven-eighths of both lobes of the gland. Vaughan Hudson especially has drawn attention to leaving too large thyroid remnants, overlooking outlying nodules, failure to ligate both inferior thyroid arteries and leaving a pyramidal lobe or thyroglossal tract, as common causes of recurrence of symptoms after thyroidectomy.

Some of the pitfalls in diagnosis are already well known to you and I shall not dwell on neurocirculatory asthenia, psychogenic disorders, pituitary disease, early pulmonary tuberculosis or heart disease. I should like, however, to refer for a moment to ancillary methods of investigation and remind you that serial basal metabolic rate estimations, serum cholesterol (especially in pregnancy), and serum protein-bound iodine readings all have some application. The latter is very sensitive but grossly affected by iodine in any form in the food or medication. The effect of bed rest on the sleeping pulse, the therapeutic response to iodine or the thiouracil group of drugs and, finally, the uptake of a tracer dose of radioactive iodine, are all of help at times, but the decision, in the last resort, rests on clinical grounds. Fact and fallacy must then be assessed and a decision relative to operation and pre-operative treatment taken by physician and surgeon in consultation.

ANTONIO

A true story of the old Museum at Guy's

UNTIL a few years ago, if you had entered the Gordon Museum by the ground floor door and walked straight through to the further bay, you would have seen facing you a cupboard with glass doors which contained several skeletons. Prominent among these was a large and massive male specimen, showing osteitis deformans of many bones and also an ominous hole in the middle of the frontal bone. I was always interested in this skeleton as I knew something of its history and also because it once provided me with a remarkable and uncanny experience.

The man from whose body it was obtained was an Italian, one of whose names was Antonio, who, after murdering his wife and three children, attempted suicide by shooting himself in the head ; hence the hole in the forehead. Still alive when found, he was brought to the hospital by the police and admitted under the Surgeon for the week, Mr. Clement Lucas, to whom I was a dresser. However, Antonio was in a desperate condition ; no treatment was possible and he died shortly after admission without regaining consciousness.

Lucas was very interested in diseases of bone and while examining the patient noticed that many of the bones, not only of the limbs but also of the skull, pelvis and ribs, were greatly thickened and deformed. He considered that this was due to very extensive osteitis deformans.

There was, of course, an inquest at which the jury returned the obvious verdict of murder and suicide. Afterwards, Mr. Lucas entered into negotiations with the sorrowing relations and eventually purchased the body from them for the sum of ten shillings. He then arranged for the skeleton to be prepared, articulated and mounted for presentation to the Museum.

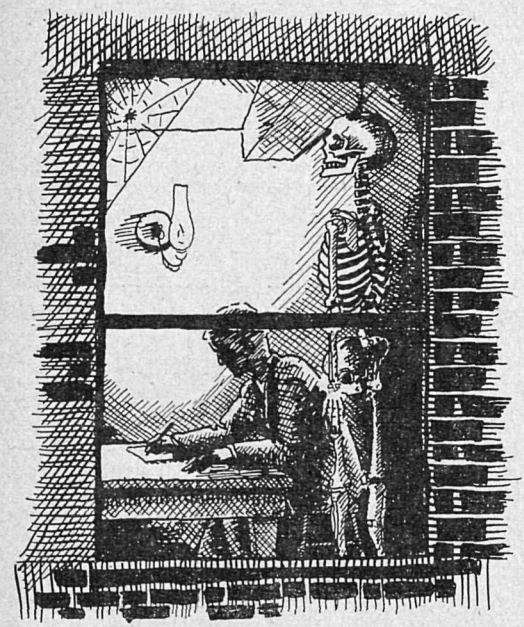
My next experience with Antonio occurred after an interval of several years when Mr. C. H. Fagge and I were appointed to arrange bone specimens and prepare the catalogue for the Museum, which was shortly to be moved to the new medical school building, then under construction. In those days Fagge and I lived in St. Thomas's Street : we both had plenty to do to keep us busy during the day, so we arranged to do the Museum work in the evening. We used to meet after dinner at about 9 o'clock and then put in two hours or so examining and describing the specimens. The Museum was then situated in the old, original medical school building which occupied part of the site of the present Nuffield House. As it was shortly to be demolished, very little had been done in the way of repairs for some time, so that it was in rather a decrepit condition.

Fagge and I used to work in the Curator's room, which was very different from the corresponding room in the present museum. It was situated on the first floor and was small, dark and dirty. The walls were lined with shelves which were occupied by specimens, some in more or less opaque jars and recent ones on uncovered dishes. Artificial light was given by a single gas burner ; there was no electric light. The furniture consisted of a large deal table, also littered with specimens, and a few stools. What can only be described as junk was stored in the corners of the room. As usual with old and semi-derelict buildings there were at night strange and weird creakings and groanings, while on stormy nights the wind howled in a most dismal manner around the half finished new buildings which were close to it. Rats could be heard and not infrequently seen. There was a door leading to the first floor galleries of the museum and there was a second outside door from which an iron staircase led down to the Lecturers' entrance to the large lecture theatre, doubtless to allow the movement to and fro of specimens required at lectures. It was at the best of times a weird and depressing place. We had a key to this outside door and always entered the room from the iron staircase.

At last, after some weeks of work, we came to the specimens of osteitis deformans and so to the skeleton of Antonio. It had been most carefully prepared and was articulated in the usual way with a metal rod along the spinal canal and a hook at the top of the head to allow of suspension on a skeleton stand. Antonio had been a heavy and powerfully built man and the skeleton, which was heavy and unweildy, was on its back on the table. Our method of working was for one of us to select a bone and dictate his findings to the other, who was seated at the table. But Antonio, owing to the extent of the disease, took a lot of time and we were unable to finish our work on all the bones in one sitting : so we adjourned after agreeing to meet again and complete our investigations on the following evening. But next day I

got a message from Fagge to the effect that he had an engagement which would prevent him from coming, so would I go alone and finish the remaining bones.

It turned out to be a wild, dark and stormy winter evening when I left my comfortable quarters for the chilly and unpleasant curator's room. Indeed, as I was making my way through the dark and deserted park, stumbling over the impedimenta left about by the builders, I was very strongly tempted to turn back. However, I decided, having come so far, that I would go through with it and finish my task as quickly as possible. So I mounted the iron staircase, unlocked the door, entered the room and lit the gas. Never before had the room seemed so cheerless and forbidding. The wind howled and the ramshackle old building seemed to vibrate and shake in the gale. There, on the table was the skeleton as we had left it and I set to work.



Drawn by John Hunt

. . . the skeleton was hanging at the most convenient height and was to my left and slightly behind me . . .

Now, apart from other difficulties, the examination of a heavy adult skeleton lying flat on a table in a poor light is no easy matter. It meant continually getting up, dragging the skeleton to a better light, turning it over to see all aspects of a bone and then going back to record one's observations. It soon occurred to me that it would be much easier if I could have the skeleton suspended in the erect position. I looked around to see if among the things stored there was anything provided with a hook that could be used as a stand ; but there was nothing. Then to my relief I saw just the very thing that I wanted. Projecting from the ceiling was a large hook which in former days had probably supported a hanging oil lamp. Standing on a stool, I hoisted Antonio up and hitched the hook at the top of the skull to the hook in the ceiling. The result was perfect : the skeleton was hanging at the most convenient height and was to my left and slightly behind me ; also it was in the best position for the light. I was examining the bones of the arm and when I had finished the right radius, I found that by rotating the skeleton I could, without getting up, turn my attention to the left radius.

I was writing my notes when suddenly there was a loud crash and I received a heavy blow on the back of my head. At the same time, Antonio's right arm was thrown round my neck on one side and his left arm thrown around on the other. It was exactly as though the skeleton had sprung at me and after attempting to knock me out by a blow on the head was trying to throttle me ! For some seconds I was dazed, but then I jumped up and Antonio, who was perched on my back, fell to the floor with a crash.

When I had recovered from the shock, I saw what had happened. The hook in the ceiling had come away and brought a considerable area of ceiling down with it. The weight of the very heavy skeleton, and especially the twisting I gave it during my examination probably provided the final breaking strain. The arms thrown round my neck could be explained by my position : I was writing, bending forward over the table with the skeleton slightly behind me, The blow on the head

was probably from the skull, or possibly the rather heavy hook from the ceiling. It raised a very definite bump over my occipital bone.

However, I must admit that at the time I was by no means sure that this was the full and true explanation. Anyhow, I seized my notes, turned out the light and beat a hasty retreat leaving Antonio on the floor amid the debris of the ceiling ! And also I must admit that never again did I venture alone, after dark, into the curator's room of the old Museum. P.T.

CORRESPONDENCE

Letters to the Editor of the Gazette

"Twenty-five, Fifty, and Seventy-five Years Ago"

SIR,—The items "Twenty-five, Fifty, and Seventy-five Years Ago" remind me that I have for very many years been the owner of a replica little silver oar, inscribed "1. Dr. Lever's Prize, 1853", from which I deduce that my father rowed bow in, probably, a four, one hundred years ago. I have sent the little oar to the Museum.

Does the race still take place ? If not, why not ?

Yours, etc.,

Kington-on-Arrow, G. W. DRYLAND.
Herefordshire.

Handwriting

SIR,—It was very interesting to read of Miss Popert and others who successfully have tried to improve their writing, and I can confirm that with sufficient determination, it is possible.

Three years ago I changed my writing from my right hand to my left using only a notebook and pencil, as some six years previously it became spastic.

Now with nothing much to do, I am trying hard to improve my writing, but it is not as nice as some of your correspondents. Having only practiced for a fortnight, it is by no means perfect, but in a year's time I have no doubt that it will stand the most severe criticism.

Yours, etc.,

Bright Annexe, DEREK W. G. FORREST.
Guy's Hospital, S.E.1.

"Expendable"

SIR,—One would not hope to emulate your epitaph on a disGRUNTled bowel, but great minds seem to hit the same idea even at an interval of a near half century. "Eheu fugaces ! "

In the Residents' Play of 1907–08, "Sister Camille" (Harold Chapple), with less reverence than affection, sang of Willie Lane,

I'd a sort of a vision last night
Of a Surgeon who whispered across to me
"With a sterilised trowel I'll short circuit the bowel
as an œsophago-sigmoidostomy.
And the deftness of David Devant
Shall be joined to the wisdom of Solon,
And ere older I grow the intestine shall go,
And the stomach elope with the colon".

Yours, etc.,
"EX-RESIDENT"

Acknowledgement

SIR,—May I take this opportunity of expressing my thanks to my many friends at Guy's Hospital who have sent messages and expressed their sympathy in my recent bereavement ? I greatly value their kind thoughts.

Yours etc.,
JOHN SOUTHCOMBE,
Head Porter.

REVIEWS

Medicine. Edited by HUGH G. GARLAND, T.D., M.D., F.R.C.P., and WILLIAM PHILLIPS, M.D., B.Sc., F.R.C.P. London, Macmillan, 1953. pp. 2,146. Two volumes. *Price* 120*s.*

A treatise on Medicine may be either dogmatic and brief or discursive and a work of reference. The two rather weighty volumes under review recall Queen Anne's disapproval of the goose, " an unsatisfactory bird, too much for one and not enough for two ". This is unfortunate, for the production of a new work on medicine is a courageous venture and much of the contents are very good indeed. The first volume represents a somewhat novel approach, the implications of social medicine and its ugly sisters, psychosomatic medicine and positive health, are all there. The first seems more properly the province of the politician, the second is covered under the headings of individual disease and the third is indefinable. Perhaps it is illuminating to read that the effort syndrome was present mostly in a group showing an unusually keen sense of duty, which arose from a rigid, superficial and deep morality. My experience has been different. The psychological aspect of asthma is over-stressed ; usually it is the outcome rather than the determinant of the disease and most would agree that the adrenaline syringe is a more than adequate substitute for " some mother figure ".

In Volume II the material is mainly orthodox and here disease of the kidney merits more extensive consideration. There is, however, so much that is admirable that specific criticism seems churlish. The evolution of modern medicine is well put and there are two charming essays by the late Professor Ryle. The psycho-neuroses and psychoses are succintly described. There is a delightful quotation from " Alice through the Looking Glass ". The principles of diagnosis are nicely handled and so is the whole section on cardio-vascular disease. Gastro-enterology is well reviewed and so free from bias that it is not always easy to gather the personal view of the writers. The scope of radiology in diagnosis is well illustrated.

The production of the books is excellent. The illustrations are clear and apposite. I hope that the second edition will be expanded allowing more detailed consideration of the rarer entities, and that morbid physiology will receive more consideration. R.K.

The Preparation and Writing of Medical Papers for Publication. By W. R. BETT, M.R.C.S., L.R.C.P., F.R.S.L. Menley and James. *Gratis.*

In presenting this book to the medical profession, the publishers have done a considerable service. In short compass it offers a complete guide to the design and construction of a medical thesis or paper. It is very readable and the great experience of the author shows throughout. Standard methods of reference are explained and the whole should ease the worry of the literary tyro.

This book is available gratis to all practitioners and senior students by the courtesy of the publishers. P.S.B.

Nurses' Medical Dictionary. By MARGARET HITCHCOCK. Baillière, Tindall and Cox. 13th edition. *Price* 5*s.*

Miss M. Hitchcock has once again revised her already very adequate dictionary to keep us absolutely up to date with drugs, terms and equipment. Such a compact little book containing so much information will be of great help to all. V.C.

SPORT

LAWN TENNIS

Guy's *v.* Winchester.
August 9th
Away. Result : Won 5—4

J. A. A. Bullard and J. W. Osborn ..	3—0
P, J. Frost and J. A. Quant	2—1
P. Counsell and R. Crisp	0—3

Guy's *v.* Telford Park
August 15th
Away. Result : Lost 4—5

J. A. A. Bullard and J. W. Osborn ..	2—1
P. Counsell and P. J. Frost	2—1
R. Crisp and Rich	0—3

SAILING

At Royal Burnham Regatta on 8th August, the United Hospitals' Class event was won by Guy's with *Turquoise. Topaz* (Bart's) was second.

HOSPITAL INFORMATION

ROYAL COLLEGE OF PHYSICIANS OF LONDON

London Examiners

Chemistry : Dr. W. L. G. Gent.
Materia Medica and Pharmacology : Dr. W. N. Mann, Professor J. M. Robson.
Physiology : Professor W. R. Spurrell.
Medical Anatomy and Principles and Practice of Medicine : Dr. A. C. Hampson.
Midwifery and Diseases peculiar to Women : Mr. Frank Cook.
Physical Medicine : Professor Gilbert Stead.
Pathology : Professor G. Payling Wright.
Murchison Scholarship : Dr. C. G. Baker.
Panel of Examiners for the Membership Examination : Dr. A. H. Douthwaite, Dr. E. R. Boland.

SOCIETY OF APOTHECARIES OF LONDON

Dr. F. Howitt has been re-elected as the Society's representative on the British Postgraduate Medical Federation.

Dr. R. S. Bruce Pearson has been sworn in as an Examiner in Medicine.

MEDICAL RESEARCH COUNCIL

Rockefeller Travelling Scholarship

Dr. R. I. McCallum has been awarded the Rockefeller Travelling Scholarship in Medicine (tenable at centres in the U.S.A.) for the academic year 1953-4.

GUY'S HOSPITAL

JUNIOR STAFF APPOINTMENTS, 1953-54

The following appointments and reappointments to the Junior Staff for the period beginning 1st October, 1953, have been made by the Board of Governors :

MEDICAL STAFF

Medical Registrars :
Finnegan, T. R. L.
Batty Shaw, A.
Baylis, J. H.
Joiner, C. L.
Thorne, M. G. (Seconded to Bromley and Farnborough Group of Hospitals).

Junior Medical Registrars :
Deuchar, D. C. (on study leave abroad).
Salmon, A. J.
Scott, G. W.
Williams, J. D.

Surgical Registrars :
Counsell, P. B.—(Seconded to Bermondsey and Southwark Group of Hospitals).
Ellis, F. G.
Kinder, C. H.
Lane Roberts, P. A.
Parks, A. G.

Obstetric Registrars :
Evans, G. M.—(Seconded to Bromley and Farnborough Group of Hospitals).
Holmes, J. M.
Williams, E. A.

Genito-Urinary Registrar :
de Klerk, J. N.

Throat and Ear Registrars :
Harrison, D. F. N.
Malcomson, K.
Trethowan, J. D.—(Seconded to Bromley and Farnborough Group of Hospitals).

Thoracic Registrar :
Milstein, B. B.

Diagnostic Radiology Registrars :
Adcock, F. A.
Medill, E. V.—(Seconded to Bromley and Farnborough Group of Hospitals).

Physiotherapy Registrars :
Fulton, J.—(Seconded to Bromley and Farnborough Group of Hospitals).
Morrison, J. B.

Anæsthetic Registrars :
Davies, D. G. H.
Hall, J. M.

Haematological Registrar :
Stoddart, F. G.

Clinical Pathology Registrars :
Brunsdon, D. F. V.
Chalmers, D. G.
Greenburgh, H.—(Seconded to Bermondsey and Southwark Group of Hospitals).
Saunders, K. E.
Shaw, C. S. (Evelina Hospital).
Turk, D. C.

Registrars in Psychological Medicine :
Cashmore, A. A.
Flood, J.
Hunter, R. A.
Vaughan, G. F.—(Seconded to Bexley Group of Hospitals).

Dermatological Registrar :
Montgomery, P. R.

Neurological Registrars :
Glasgow, G. L.
Mackenzie, I. C. K.

Children's Registrar :
Vulliamy, D. G.

Orthopædic Registrars :
Brown, A.
Holden, N. T.

Venereological Registrar :
Grimble, A. S.—(Joint appointment with Greenwich).

Registrar at the Evelina Hospital :
Joseph, M. C.

Ophthalmic Registrars : (Part-time).
Bain, W. E. S.
Blaxter, P. L.
Cook, C. A. G.
Munro, S. S. F.

Dermatological Registrar : (Part-time).
Magnus, I. A.

Registrars in Psychological Medicine : (Part-time)
Dobson, J. R. E.
Kaufman, H.

B.M.R. and Endocrine Registrar : (Part-time).
Hall, P. F.

DENTAL STAFF

Dental Officer to Salomons Centre :
Loader, G. S.

Dental Officers to the Nursing Staff :
Scoones, J. M.
Searle, E. G.

Orthodontic Assistants :
Bull, C. C.
Burnapp, D. R.
Kerr, G. A.

Registrars in Department of Dental Prosthetics :
Malleson, M.
Morris, P. B.
Neill, D. J.
Rand, A.
Searle, E. G.

Registrar in Extractions and Minor Oral Surgery :
Mayhew, R. A. J.

Registrars in Casualty and Examination Department :
Pownall, R. H.
Willcocks, R. W.

Registrars in Department of Preventive Dentistry :
Hill, P. J.
Sycamore, E. McK.

Assistants to the Visiting Dental Surgeons :
Bridge, A. J.
Dinsdale, R. C. W.

Registrar in Clinical Dental Surgery :
Johns, S. P.

Registrars in Dental Department for Children :
Campbell, A. C.
Kettle, M. A.

Registrars in Department of Conservative Dental Surgery :
Dyer, G. F.
Feaver, R. E.
Gresham, J. E.
Grimer, P. T.
Haworth, J. D.
Jennings, A. G. P.
Robinson, A. A.
Rowe, A. H. R.
Thompson, G. F.

GUY'S HOSPITAL MEDICAL SCHOOL

The following appointments to the Junior Staff have been made for the session 1953-54 :—

Senior Lecturer in the Department of Dental Medicine :
Cooke, B. E. D.

Lecturer in Dental Radiology :
Ingram, F. L.

Demonstrator in Special Anatomy and Histology :
Harrison, F.

Junior Lecturers in Anatomy (W/T) :
Gilbert, M. C.
Hamilton, J. G.
Loeb, J. A.
Pugh, D. R.

Junior Lecturer in Anatomy (P/T) :
Marin, G. A.

Lecturer in Physiology (W/T) :
Macdonald, I.

Junior Lecturers in Physiology (P/T)
Marin, G. A.
Hall, P. F.

Lecturer in Pharmacology :
Goulding, R.

Junior Lecturer in Morbid Anatomy and Histology and Gull Student :
Wright, E. A.

Junior Lecturers in Morbid Anatomy and Histology :
Bensted, J. P. M.
Enticknap, J. B.

Senior Lecturer in Bacteriology :
Collard, P. J.

Junior Lecturer in Bacteriology :
Anderson, K. F.

Lecturer in Chemical Pathology :
Baker, R. W. R.

Junior Lecturer in Chemical Pathology :
Webster, G. R.

Anderson Demonstrator in Clinical Chemistry :
Tickner, A.

Assistant to the Director of the Student Health Service :
De Mowbray, R. R.

Assistant to the Director of the Department of Medicine :
Allanby, K. D.

Senior Assistant (Research) to the Director of the Department of Medicine :
Trounce, J. R.

Tutor in charge of the Preliminary Clinical Period Class :
Houston, J. C.

Junior Assistant (Research) to the Director of the Department of Surgery :
Hayward, J. L.

Lecturers in the Biochemistry and Chemistry Department :
Bridgwater, R. J.
Thorp, Josephine M.

Lecturer in the Physics Department :
Wyard, S. J.

Junior Lecturer in the Physics Department :
Battye, C. K.

APPOINTMENTS VACANT

GUY'S HOSPITAL

Applications are invited for a **Research Fellowship** in the **Departments of Medicine and Bacteriology** for research into the action of Isoniazid in the treatment of Tuberculosis. The appointment will be for one year from 1st October, 1953, and the salary will depend upon the experience of the person appointed. Application should be made to the Dean as soon as possible.

Applications are invited for the post of **Junior Lecturer in Bacteriology.** Duties to commence on the 1st October, 1953. Salary scale £900 × £100 to £1,100 with F.S.S.U. benefits and F.A. Forms of application are obtainable from, and should be lodged with the Dean, Medical School Office, not later than **8th September, 1953.**

Applications are invited for the post of Registrar (1st year) in the **Department of Psychological Medicine** (W/T). Duties to commence 1st October, 1953. Forms of application are obtainable from, and should be lodged with, the Superintendent, Guy's Hospital, not later than 25th August, 1953.

Applications are invited for the appointment of Tutor in charge of the **Preliminary Clinical Period.** Duties to commence 1st October, 1953. Forms of application are obtainable from, and should be lodged with, the Dean, Medical School Office, not later than **1st September, 1953.**

PASS LIST

UNIVERSITY OF OXFORD

Master of Surgery. Part I
Trinity Term, 1953
Alan G. Parks

ROYAL COLLEGE OF PHYSICIANS OF LONDON

M.R.C.P.
B. H. Bass

ROYAL COLLEGE OF SURGEONS OF ENGLAND

F.D.S.

G. C. Blake	A. J. Wheatley

UNIVERSITY OF LONDON

M.D. Examination. Part I.
July, 1953

H. Foster	P. J. Koblenzer
	H. R. C. Riches

Third (B.D.S.) Examination in Dental Surgery
July, 1953

Honours
F. Allan (Distinguished in Orthodontics).

Pass

E. J. Artes	R. C. Jeffery
D. J. Chant	D. S. Noble
Margaret F. Gill	T. Smith
G. L. Hunter	I. L. Thomas

The following students have passed in Group I : L. J. Cheeseman, M. W. Cooksey, D. C. A. Picton.

UNIVERSITY OF LONDON

Special Second Examination for Medical Degrees
July, 1953

A. J. U. Anderson
C. D. W. Davies
J. H. Kendall
Monica M. Langhan
A. J. Mann
J. I. Millar
D. Parrott
R. A. Peebles
F. N. Rigby
E. E. Smith
R. P. Snaith
R. D. C. Southcott
M. J. Young

Second Examination in Dental Surgery. Part I.
July, 1953

J. Amherst-Clark
R. J. Andlaw
R. E. Barber
A. O. Barnard
S. X. E. Bengo
D. L. Brooke-Jones
R. Burman
D. M. Carpenter
Gloria Cavalot
Elaine R. Dagger
Jane Elliott
Marion F. Fairfax
J. R. Fieldhouse
N. M. Hepburn
D. I. Joiner
P. H. L. Jones
D. F. Keane
N. J. Knight
Brenda M. Langrish
E. M. Lasserson
Lily G. Lopez
M. F. W. Manning
H. Mercer
C. J. Meryon
C. K. Millman
J. S. Partridge
R. A. Peebles
J. A. Quant
D. E. Rees
C. E. Ribbons
D. G. Rosair
A. J. Sawyers
N. Sharples
D. O. Smith
P. J. H. Snell
D. C. J. Stares

Second Examination in Dental Surgery. Part II.
July, 1953

A. S. Atkinson
B. W. G. McG. Beeching
N. R. Cooke
N. L. Crabtree
D. F. Crouch
M. R. Davison
A. R. Grice
J. R. Harris
D. M. Hobbs
B. Holmes
Shirley M. Kanaar
R. F. King
C. J. Lambert
J. W. Osborn
C. E. Rees
M. B. Rothschild
M. J. N. Segerdal
H. R. Singer
*R. D. G. Stevens
P. L. Vaughan
A. D. Wheeler
J. Wolfle

*Awarded a Mark of Distinction

Special First Examination for Medical Degrees
June, 1953

J. G. Allardice
J. C. Askew
Elizabeth S. Bates
Wendy J. Bray
J. A. Bushman
P. L. Cooper
B. S. Cryer
M. K. Dunstan
A. Gooding
G. W. Hackett
J. H. Hackwood
E. J. Horgan
A. S. Horniblow
L. V. Howard
D. Howard-Allen
P. R. S. Johnson
A. V. S. Jones
Tatjana Katisevs
J. B. Kelly
P. A. S. Lavelle
M. I. Leckie
L. A. Lees
M. Lindsey
B. W. Maitland
J. T. Outred
H. D. W. Plowright
H. P. Rikard-Bell
Margaret J. Roberts
P. A. Robson
I. C. Roddick
J. B. H. Scott
B. R. T. Smith
K. F. Trevett-Lyall
J.-P. Voos
Jennifer A. Whitlock
M. P. Wilderspin
J. G. Wright

The following Higher School and General Certificate of Education Candidates have qualified for exemption from the First Medical.

J. F. R. Adams
J. R. Allan
E. E. Arnold
Gillian Ball
M. F. H. Bush
B. Clark
W. A. Dearlove
C. Howard
H. Hunt
Jill Joslin
H. K. Kemp
J. P. Lee-Potter
M. J. Loxton
A. J. Macfarlane
M. J. Dredge
J. K. Duff
Una M. Dugan
R. W. Elsdon-Dew
H. C. Evans
P. J. Gladders
P. L. Gowar
R. S. Greenwood
A. C. Hammond
A. W. Harris
R. T. Hawley
J. S. G. Hayes
J. Hellewell
Jean L. McNair
P. G. Parry
K. Redford
B. A. Ross
N. C. Russell
D. A. Sabel
E. O. Sofowora
J. F. Steele-Perkins
P. J. Stubblefield
J. D. Trezona
C. H. Wege
R. J. Young

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

Allsopp, C. B. Radiation Chemistry. *Brit. Emp. Cancer Campgn. Ann. Rep.*, 1952, p. 311.

Atkins, H. J. B. At the Breast Clinic, Guy's Hospital. *Brit. Emp. Cancer Campgn. Ann. Rep.* 1952, p. 311.

Hill, Adrian G. W. Spasmodic Dysmenorrhoea *Med. Pr.*, 1953, **230**, 151.

Kent, J. V. The Development of Rib Notching After Surgical Intervention in Congenital Heart Disease. *Brit. J. Radiol.*, 1953, **26**, 346.

McConnell, W. S. Developments in General Anæsthesia for Dental Operations. *Brit. Encycl. Med. Pract.*, Interim Suppl., No. 131.

Reading, Philip. The Management of Soft Tissues in Mastoidectomy. *J. Laryng.*, 1953, **67**, 457.

BIRTHS

EDWORTHY.—On 11th August, 1953, at Guy's Hospital to Josephine (née Lilley), wife of S. W. Edworthy, L.D.S.—a son (Douglas Guy),

GRANT.—On 28th July, 1953, at Nuffield House to Sonia (née Hickmott), wife of J. M. Dennis Grant, L.D.S.—a son (Christopher).

KENDALL.—On 15th August, 1953, to Jillian (née Frearson) wife of P. Hume Kendall, M.B., B.S.—a son (Simon Roderick).

O'KEEFFE.—On 6th August, 1953, at Kisumu, Kenya, to Isobel (née McNeill), wife of Declan O'Keeffe, F.R.C.S.—a sister for Barry and Jeremy.

RUDMAN.—On 4th June, 1953, at Nuffield House, to Margaret (née Shinkfield), wife of D. J. Rudman, M.B., B.S.—a daughter (Jane). a sister for Peter.

WILLIS.—On 8th August, 1953, to Esme (née Webb, S.R.N.), wife of Stanley Willis—a daughter (Catherine Margaret).

MARRIAGES

BLACKBURN—BOWEN.—On 24th July, 1953, in London, Guy Blackburn, M.B.E., M.Chir., to Joan Bowen, S.R.N.

MILLNER—D'ALBON.—On 13th June, 1953, in Nairobi, Duncan Millner to Marcia D'Albon, S.R.N. Address: P.O. Box 1222, Nairobi, Kenya, B.E. Africa.

DEATH

MOON.—On 28th July, 1953, Robert Oswald Moon, M.D., F.R.C.P., of 63 Wimpole Street, W.1, aged 88 years.

EDS. { E.B.D.T. P.S.B.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXVII. No. 1699 5th September 1953 One Shilling

PASSIM

Personal

(*With apologies to The Times, Saturday, August 29th*, 1953)

THE CONTENT of our newspapers has been conditioned by the constant widening of popular interest and this process has left little room for expressions of individuality. The brutal has ousted the gently bizarre. The demented flailings of the world leave no space for minutiæ that repay the contemplation of the peacefully disposed.

It is therefore, with genuine pleasure, that one turns to a literary backwater provided so generously by our senior morning paper. This gives space on its front page to a Personal Column which has become a national institution, a microcosm of a troubled world, touched with the elfin hand of fantasy and lit by shafts of naive humour.

While we are sated with accounts of violence, even murder becomes permissible to satisfy the cri de coeur of the advertiser who needs :—

Shrunken heads, can anyone lend ? Urgently wanted.

When bigotry and international prejudice cause the raising of our eyebrows in disapprobation, we have the same, in miniature, in :—

Will some kind gentleman or lady recommend Dental Surgeon. PREFERABLY AMERICAN DEGREE to nervous advertiser.*

This manifest Anglophobia will cause many English gums to gnash. Even Guy's men are apparently without honour in their own country. A cryptic approach is sometimes commendable as when :—

Young woman, secretarial hangover, seeks to canalise intelligence, energy.

and we feel that this probably protean disorder can, with careful publicity, provide a useful diagnostic shot in a psychiatric locker. While this young woman is obviously disillusioned, there is a refreshing note of perennial, if autumnal, hope in :—

Linguist, bachelor (50) *invites sunlit suggestions or colourful ideas for continental trip Oct.* 3—11.

Though his age limits for these desiderata are not disclosed, we venture to play Cupid by suggesting that he reads sympathetically the plea of :—

Highly intelligent young lady (27) *wants a job. Any work considered; driving, personal assistant, travelling. Experienced hostess, but would rather not cook.*

They could always eat out.

We must hasten to disassociate ourselves from the implied criticism of landlords :—

Qualified teacher, experienced backward children wants to rent

* Outraged Editorial capitals.

house . . . .
as if property tax, rent tribunals and repair costs were not insult in plenty.

Day be day, these gems are presented for our delight and education and we should thank the philanthropists who are prepared to pay for the pleasure of entertaining us—apparently unthinking of the rapacity of present day men of letters.

Our readers will recall that Sir John Conybeare's letter to the *Lancet* in May this year on " The Illegible Candidate " was subsequently the subject of comment in *Passim*. The correspondence which followed produced a remarkable example of handwriting from Mr. Geoffrey Ebbage, a Guy's man who is an ophthalmic surgeon. In this issue we publish a short illustrated article contributed by him which may well stimulate others to try their hand.

We heartily congratulate the Guy's candidates, M. H. Evans and P. D. Griffiths, who were awarded First Class Honours and Miss Iris Platt who gained an " upper second " in the London University B.Sc. in Physiology this summer. They are now in the clinical period completing their medical studies.

During the past weeks new types of bedside locker have been on trial in the wards. There are, at present, three different specimens of locker in use in *Addison*, and others are available. These vary considerably in their detailed design, but all are in " self-coloured " wood with heat and liquid resisting tops. One type, in particular, caught the eye. It is provided with a flap which can be raised from the side of the locker in such a way that it provides a most adequate table when the whole affair (which is on wheels) is swung round to the bed. When depressed this flap forms the back of a seat.

The rather cumberous straddling tables could be dispensed with were lockers with a table attachment introduced : but trials will take some time. Ease of cleaning (one type in particular contained fussy shelves and obscure inside corners which would harbour dust) is a vital factor. Metal lined cubby holes for washing kit are obvious advantages seen in some specimens, but towel rails were often inadequate and a varnished exterior is not easy to keep in good condition after prolonged washing. Patients are enthusiastic : professional reactions are guarded. Those gifted with imagination look hopefully at these experimental prototypes as an indication of the sort of equipment which may—one day—furnish the wards of the New Guy's.

GUY'S DIARY

September		Exhibition. Dept. of Surgery. " *Acute Abdomen* ".
7th	5.00	Film. Dept. of Surgery. " *Anatomy of the Abdominal Viscera* ". Clinical Theatre.
10th	5.00	Mr. Murray Falconer. Neurosurgical Demonstration.
12th	10.00	Mr. E. G. Slesinger. Departmental Round.
14th	1.00	Mr. A. D. Marston. Clinical Lecture. " *Obstetric Analgesia and Anæsthesia.*"
18th	1.00	Dr. A. C. Hampson. Clinical Lecture.

OBITUARY

FREDERICK WILLIAM MORTON PALMER, M.D., F.S.A.

DR. F. W. MORTON PALMER died on August 10th at the age of 76. He was 36th wrangler in Mathematics at Cambridge in 1899 before coming to Guy's like many others of his family, to study Medicine, qualifying in 1905 and gaining the M.D. in 1909. He held appointments at Guy's and the Evelina and was for some months in 1905, Editor of the Gazette.

He was in practice at Teignmouth, Devon, for 30 years with an interlude in the R.A.M.C. during the first world war. His service in the St. John's Ambulance Brigade over many years was recognized, last year, when he was made a Knight of the Order of St. John of Jerusalem. Among many other interests he was an authority on church architecture.

His wife died 16 years ago and he is survived by his son Dr. B. C. Morton Palmer and his daughter to whom we express our sincere sympathy.

Twenty-Five Years Ago

From Guy's Hospital Gazette, 8th September, 1928.

The ancient bicycles sacred to the Extern Charity seem to bear up bravely under their burden of brand new black bags with aggressively golden letters. It is to be hoped that the internal arrangements are in keeping with the elegant exterior, so that there is less danger than of old of soaking the swabs in ergot and leaving the mother a stiff draught of lysol.

Fifty Years Ago

From Guy's Hospital Gazette, 12th September, 1903.

. . . the Borough parents are very often undersized, ill-developed, unhealthy and degenerate specimens of humanity . . . the poverty with which they start matrimony has been perpetuated by their habits of expensive drinking, and their physical development after puberty, at which age they often marry, is often arrested and vitiated by bad food, unhealthy surroundings and overwork of all bodily faculties, aided by the results of lifelong overcrowding, slum air, and poverty . . . the multipara may give birth to ten or fifteen children, and every month a mother of twenty and upwards is encountered . . . the mortality among families is enormous, and the few survivors of the largest families at some period of their life have been strumous, rachitic, or anæmic . . . to the thoughtful it will inevitably cause the sorrowful reflexion that a high birth rate of Borough children spells ruin to the future generations unless the output of such unfavourable specimens remains controlled by the ravages of infant mortality.

NOTICES

An archæologist engaged on excavation work in connection with the London County Council Historical Survey would be grateful for help from a dental student in the identification of teeth recovered in the diggings. If any dental student is interested in work of this kind, he or she can obtain full particulars from Dr. J. N. Hunt, Physiology Department, Medical School.

The VII Congress of the International Scientific Film Association is meeting in London from 18th to 27th September, and The Dean of the Medical School, Dr. E. R. Boland, is a member of the Medical Committee of patronage. Dr. R. C. MacKeith is vice-chairman of the Committee and Mr. C. E. Engel of the Department of Medical Illustration is one of the joint secretaries.

One of the activities of the Medical Group during the Congress is a visit to the Guy's Department of Medical Illustration on 23rd September.

POST-GASTRECTOMY SYNDROMES

A Clinical Lecture delivered at Guy's Hospital on 25th June, 1953

By NILS L. ECKHOFF, M.S., F.R.C.S.

LADIES AND GENTLEMEN,—In my last lecture I discussed with you the problem of post-operative stricture of the common bile duct. I chose this subject because I happened to be handling a case of that kind at the time. Today I wish to speak to you about the post-gastrectomy syndromes for a similar reason, i.e., that I happen to have one or two cases of this type under my care at the moment.

This apparent tendency to dwell on the unhappier results of surgery must not be taken to indicate pessimism, but rather a careful assessment of methods in everyday use, in the hope that the results can be made more perfect.

I should like to quote from the ward clerk's notes of a typical case :—

Mr. W. J., 59 years.

In October, 1950, the patient was operated on by Mr. Eckhoff for a gastric ulcer, by a partial gastrectomy and establishment of a gastro-jejunal fistula. Immediately after the operation he was found to be suffering from tachycardia and dyspnœa—this being particularly marked after meals. It was accompanied by a general weakness. Apart from that, recovery was uneventful and the patient was discharged on the 15th day. The following April he was involved in a car accident and fractured three ribs. His doctor considers this set back his general progress. After this he felt a general debility involving lack of incentive to do anything, all activity requiring a mental effort. He would go for a walk before a meal, but required to rest completely for at least one hour after each meal. He felt a frequent anorexia and suffered dyspnœa and tachycardia on the least effort, e.g., climbing 14 stairs at home. Since then there has been a slow improvement in his condition, this being particularly marked in the last ten weeks. However he has no desire for any change of routine or other exertion, e.g., going for a holiday or a day's outing. (Prior to operation, he was keen on walking—15 miles—shooting, and travelling.)

It is interesting to record that a similar syndrome was described by the late Sir Arthur Hurst as long ago as 1913 associated with the operation of gastroenterostomy and that the name *dumping syndrome* was first used by Mix in 1922. You will know that gastroenterostomy, an operation which was practised a great deal for peptic ulceration 20 to 30 years ago, has gradually disappeared from the operating list and its place has been taken by gastrectomy. The main reason for this change was the risk of gastrojejunal ulceration which was said to occur in from 5—15% of cases. It is true that this was a most unfortunate sequel of this operation but it should also be put on record that there are many millions of people who have had gastroenterostomy performed with very excellent results. As gastrectomy became more and more popular, it was soon found by both physicians and surgeons that it was a much more satisfactory operation ; and one must emphasize that the vast majority of the patients volunteer that they feel remarkably well and can eat anything. (The overall mortality for gastrectomy in ulcer cases is somewhere about 3%, the

immediate complications being rupture of the duodenal stoma, hæmorrhage, or post-operative pulmonary complications, including pulmonary embolus.) In the last decade attention has been drawn more and more to certain unpleasant symptoms that do occur. Whether this has anything to do with the increasing tendency to remove a greater part of the stomach is at the moment a little difficult to determine.

There are a great many variations in the operation of gastrectomy. Billroth was the first to perform this operation when he anastomosed the cut end of the stomach directly to the duodenum. This operation was therefore called Billroth I. He later performed a different operation when the cut end of the stomach was anastomosed end-to-side to the jejunum (Billroth II) and this was the operation practised widely when gastrectomy first became popular. The jejunum was either brought behind or in front of the transverse colon and was attached to the stomach either running from left to right or right to left. The former was called the iso-peristaltic and the latter the anti-peristaltic method. There was much discussion in the early days as to whether the proximal jejunum loop should be short or long. Today it is usually made just sufficiently long to come up easily to the upper end of the stomach. During the years there has been a tendency to reduce the size of the anastomosis with the jejunum so that only one-half to one-third of the cut end of the stomach is employed for this purpose, the upper portion being closed and invaginated. I will not discuss with you at length the many minor variations on the theme. For the purposes of our discussion today it seems that most gastrectomies of the Billroth II type may produce post-gastrectomy syndromes whereas those of the Billroth I type hardly ever do so. A feeling of fullness in the epigastrium after meals is not to be regarded as abnormal.

Symptoms

In the immediate post-operative period there may be minor disturbances. The use of the indwelling tube introduced about 10 years ago as a routine has taught us that there is considerable retention in the stomach during the first four or five days after the operation and this is no doubt due to œdema at the stoma. It is customary to retain the indwelling tube until aspiration produces but little result or until the bowel sounds are good and it is clear that the intestine has recovered its function. From this time most patients improve rapidly but in a few there may be one or two incidents of vomiting of bile and these usually tend to disappear before the patient leaves the hospital. With the gradual return to normal diet other symptoms may occur. The chief of these are " palpitations ", when the patient feels that the heart is filling the chest, a sinking feeling in the epigastrium, and exhaustion sufficient to make it essential for the patient to lie down. There may be dizziness and in rare cases loss of consciousness. Also sweating, pallor and tachycardia. Some say that these symptoms occur to some degree in 75% of cases (Goligher & Riley, 1952). Others almost deny their existence. Symptoms sufficient to distress the patient seem to occur in 5% of cases.

Several authors have suggested that these symptoms are largely,

if not entirely, due to the changes that take place in the blood sugar curve (Gilbert and Dunlop, 1947, etc.). A typical post-gastrectomy curve rises about half an hour after a meal to something over 200 grams per 100 cc. and then begins to drop sharply and may fall as low as 45–50 grams per 100 cc. Thus we have a sharp hyperglycæmia within half an hour of the meal, followed by an equally marked hypoglycæmia. This alteration in the blood sugar curve is thought to be due to the fact that rapid absorption from the jejunum causes a quick rise in the blood sugar which stimulates the pancreas to secrete insulin in large quantities, and this in turn produces a sharp fall. If the unpleasant symptoms above detailed occur some two and a half to three hours after a meal, it is reasonable to suppose that they are due to hypoglycæmia and should therefore be relieved by half an ounce of glucose taken by the mouth, while the continued treatment should be a high fat and low carbohydrate diet. But if these symptoms occur much earlier after a meal, as is so often the case, it is difficult to explain them on this assumption.

We here fall back upon the suggestion of " dumping ". This term is used to imply that it is the rapid passage of the meal into the jejunum which causes the symptoms. Consequently many experiments have been undertaken to ascertain the exact mechanism. Distension of the upper jejunum with a balloon does according to most authorities produce a similar syndrome. It has also been found that hypertonic solutions of glucose or of magnesium sulphate will produce the symptoms, while protein hydrolysates, which are also hypertonic, produce very severe attacks. It is thought that the hypertonic solutions produce a rapid outpouring of fluid into the intestine, thereby distending the bowel in the same manner as a balloon might do.

These two syndromes do not account for all the symptoms that may follow gastrectomy. We are beginning to get our ideas sorted out and the whole subject has been very well described by Wells and Welbourn (1951) in their study of 300 gastrectomies. They classify their cases in the following manner :—

Rapid Emptying

This may produce the *efferent loop syndrome* or " dumping " syndrome above described. In addition to rapid filling of the jejunum, there is engendered a marked degree of intestinal hurry so that many of these patients suffer from diarrhœa. In these circumstances a great amount of unsplit fat can be recovered from the stools, and this condition of steatorrhœa has been described and studied by Brain (1951) and others. The hypoglycæmic syndrome above mentioned is also a sequel of rapid emptying.

Stasis and Reflux

This produces in the first place gastric distension which has already been noted in the immediate post-operative period. It also produces what is called the *afferent loop syndrome* where, owing to slight obstruction at the point where the afferent loop reaches the stomach, biliary and pancreatic secretions are dammed up in this loop, and are then released suddenly into the stomach where they produce

either regurgitation into the œsophagus or a sharp vomit of bile. Post-operative barium meal examination sometimes shows that substances taken by the mouth pass into the afferent loop. It is doubtful whether this of its own accord is a great disadvantage and Pannett (1950) has stated that he considers it to be the outstanding advantage of the operation which he practises.

Achlorhydria

One of the main objects of a partial gastrectomy is to produce achlorhydria if possible, but this carries with it certain disadvantages. The presence of hydrochloric acid is thought to be of importance in the proper absorption of iron from the intestine and its absence may lead to an iron deficiency anæmia. In like manner the absorption of vitamin B is impaired and vitamin B deficiency may occur. This condition is manifested by cheilosis (peeling of the lips), angular stomatitis, and superficial glossitis and usually responds quite readily to vitamin B administration.

Intrinsic Factor

The removal of the pyloric part of the stomach which contains the intrinsic factor may lead to macrocytic anæmia. The incidence is, however, very small.

Loss of Weight

This is perhaps the most unfortunate result of gastrectomy. The vast majority of the patients who have had this operation performed fail to gain weight. As they are frequently rather thin already from the effects of chronic ulceration and dieting, they often find this a great disadvantage. In most individuals there is a very distinct fall in weight. This occurs particularly in patients who have post-prandial symptoms. A disinclination to eat and a reduced calorie intake, associated with impaired digestion and absorption in the small intestine leads to a distinct loss of weight.

Mrs. V.L.C., 50 years.

This woman had a chronic duodenal ulcer with two hæmorrhages in the preceding 11 years. She had a gastrectomy performed elsewhere at the end of 1948. Apart from impaction of fæces in the rectum which upset her appetite, the immediate post-operative course was satisfactory and she left hospital after three weeks.

After a time she could not eat much without nausea, and found that sweet things made this worse. She lost weight for three months, but then gained a little

Weight before operation	8 st. 5 lb.
Weight on discharge	6 st. 7 lb.
Weight six months later	7 st. 12 lb.

About this time (July, 1949) she had severe pain under the right costal margin for a few days. In spite of various treatments she did not gain weight. In November, 1949, she developed a quinsy, after which the weight dropped to 6 st. 8 lb., and has remained at this level since.

She now gets a heavy feeling in the abdomen when she drinks anything, especially milk. Sweet things produce heartburn and nausea. She occasionally possits a mouthful of bile-stained fluid.

Her main anxiety is that she is *extremely thin.*

X-ray shows that there is general visceroptosis. The stomach hangs vertically the stoma being opposite the disc between the 3rd and 4th lumbar vertebræ. Barium passes rapidly into the efferent loop, but also freely into the afferent loop.

Treatment

The treatment of post-gastrectomy syndromes is far from easy. The anæmias and vitamin B deficiencies respond fairly well to appropriate therapy. Hypoglycæmic symptoms should respond to the administration of glucose during the attack, and can to some extent be avoided by the high fat and low carbohydrate diet. "Dumping" syndromes are made rather worse by a high fat diet. Some people find that they can overcome these symptoms by taking a little rest after meals, by reducing the bulk of the meal, and by avoiding drinking with meals, particularly hypertonic solutions. If the symptoms become markedly persistent it is sometimes desirable to join together the afferent and efferent loops by some form of jejunoplasty. A straight enteroanastomosis is thought to be unwise because of the risk of ulceration in the part of the bowel subjected to the full force of the acid secretion unneutralised by bile. Butler and Capper (1951) have suggested that the symptoms may be due to excessive traction on the lesser curvature of the stomach and that they can be prevented or cured by taking care to attach this part to the sub-hepatic region after the operation. Others have suggested that the recreation of a gastric reservoir, by using a piece of colon, greatly assists. Moroney (1953) has described 150 cases in which this has been done either as a primary or secondary measure with great improvement in the general condition and considerable gain in weight.

For those who wish to study the subject further, I append the following list of references. The number of references, selected chiefly from our two medical weeklies, indicate the importance of the problem. The literature is assuming vast proportions. Those mentioned in the text of this lecture are particularly worthy of notice :—

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AN ITALIAN SPA VISITED

By I. MACDONALD, M.B., B.S., D.R.C.O.G.
Department of Physiology

MONTECATINI TERME, some 20 miles west of Florence, was built as a consequence of the discovery in the XVth century that numerous springs found in that locality had medicinal properties. The town is entirely devoted to the industry that comes from the thousands of sufferers who, every year, go to Montecatini to " take the cure ".

I was one of a party of English doctors invited to visit the spa. We had little prior knowledge of the extent and nature of the treatment beyond the fact that doctors interested in gastro-intestinal diseases were especially welcome. On arrival we were presented with literature telling us of the facilities. The opening paragraph of one booklet describes Montecatini as " *one of the towns which were built around some healthful springs and developed and specialised as a true metropolis of rheumatism. Patients, sipping the sparkling waters, perform one of the simplest acts of nature respecting mineral entities and living organisms; in their instinctive contacts they ignore the complex healing properties of these particular solutions of electrolytes springing from hard rocks and the difficulty of the interpretation of their ways of acting on the diseased organism.*"

It was claimed that the many trace ions present in the springs were of therapeutic value, but the effects of the high percentage of sodium sulphate present in the waters tended to mask any other medicinal properties. Three principal spring waters were taken, varying in their content of sodium sulphate. One of the sixty doctors in the town would prescribe the amounts and mixtures of the waters to be taken daily by the patient, usually before breakfast. It was a fascinating sight to see large numbers of patients, each with their glass, making their way to the " Stabilimento del Tettuccio " where, on paying an entrance fee, as much " water " could be imbibed as was prescribed or desired. While awaiting the more immediate effects of the " cure " patients sat midst gardens and colonnades built in Greco-Roman style. A 50-piece orchestra and 450 toilets were available to satisfy every likely need.

Should the patient not wish to take the " cure " by mouth, then the spring waters were available for introduction into other orifices such as the nose and rectum. An atomizer was used for the upper respiratory tract, while those who desired a 15-gallon colonic lavage were able to enjoy this and a bath at the same time, with no æsthetic discomfort, by virtue of a special fitment in the bath.

A card, entitling us to use of any of the treatments, was employed to gain the experience of a mud bath. Grey, odourless mud at 38°C. was placed liberally on the diseased area, and after twenty minutes of perspiration there followed a bath and massage. The hours' treatment led to the loss of 6 lb. in weight. A similar but more pleasant experience was enjoyed in a grotto whose temperature was 25°C.

The hospitality shown to us could not be bettered. For luxury, with a colonic atmosphere, Montecatini can be recommended.

HOW TO WRITE AN ITALIC HAND

By GEOFFREY EBBAGE

(In our issue of 11th July we published the facsimile of a letter sent to us by Mr. Ebbage. He stated that he had reformed his own writing "from an almost illegible scrawl at the age of fifty", and suggested that the solution to the problem of bad writing lay in the adoption of a script based on the italic hands of the fifteenth century.)

ITALIC handwriting is an informal and labour saving hand designed for fast writing. Because of its dignity and grace, combined with speed of performance, it was officially adopted for use in the Vatican chancery in about the year 1431. It was used as a pattern for the first printers' italic type in 1501.

The primary characteristic of italic handwriting is the branching construction of the arches of the letters *b h k m n* and *r* and the reversed arches of *a g q u w* and *y*. In making an arch the pen sidles up from the end of the preceding downstroke so that the arch branches forward to its summit. In completing a reversed arch the pen sidles up from the lowest point to the top of the succeeding downstroke. Thus these letters are adapted for fast writing, and with *c l o s v* and *z* give a total of eighteen which, individually, can be written without lifting the pen. As a result of branching, the rounded letters are based on an ellipse rather than a circle, which leads to a moderate degree of lateral compression.

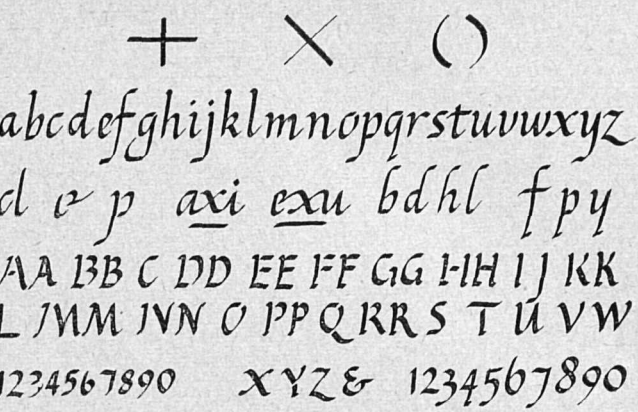
The secondary characteristics are slight forward slope, which occurs naturally with fast writing, and the use of ligatures. Ligatures are unobtrusive continuations of existing strokes which enable the natural coupling of some letters without lifting the pen.

The tool employed is shaped like a well-cut scribe's quill and is termed an edged pen or broad nib. For the right-handed the pen's edge is at right-angles to the length of the pen, but for the left-handed it is oblique with the left edge of the nib shorter than the right. For general purposes the edge should not be less than 1/32nd of an inch wide, and for the learner should be wider. It is essential that the pen should be inflexible, so that when it is pressed on fairly stiff paper at an angle of 45° to the surface it will indent the paper before its halves splay apart, thus ensuring that when it is properly used, with light pressure only, there will be no separation of the points.

The edge of the pen is held at an angle of 45° to the writing line, and the shaft of the pen-holder at an angle of 45° to the plane of the paper, and directed backwards and outwards at an angle of 45° from the vertical plane of the writing line. These angles must be strictly maintained at all times. It is the hand that writes, and the fingers merely hold the pen and maintain pressure on the surface as the hand moves.

A suitable pen, properly held, and correctly used with unvarying pressure, will always produce its vertical line equal in thickness to its horizontal ; its thickest stroke obliquely at right angles to its thinnest ; and curved strokes which vary in thickness in a regular manner.

Summary of the essentials of italic handwriting



Study especially the shape of the arches and reversed arches in *b h k m n* and *r*, and *a g q u w* and *y*, respectively, and note that *p* and *d e o* and *v* conform to the same shape. The final turns of *a c d h i k l m n t* and *u* are also parts of reversed arches, and the oblique hair-lines in which they end may be used as ligatures to some letters.

A small, quickly turned, serif starts *i j m n p r u v w x* and *y* and the " ascenders " of *b d h k* and *l*, but the latter may be left plain.

A horizontal push-stroke starts *a c d f g o q* and *s*, and also the " ascenders " of *b d h k* and *l* if a small flourish is preferred.

The bowls of *b* and *p*, the letter *s*, and the descender of *j* end by curving into a horizontal push-stroke, and so may the descenders of *f p* and *y* if not ended by a twitch to the right like *q*.

The cross-bars of *f* and *t* are made at body height and may be used as ligatures. *t* has no " ascender " and projects upwards only enough to be crossed as stated.

e requires two strokes, a clockwise loop being added to a serifless *i* ; a ligature may branch from the end of the loop. This construction avoids " blindness " and " falling backwards ", and conforms better to the rhythm of the hand than the single stroke anti-clockwise letter.

The lower bowl of *g* is pear-shaped and wider than the upper ; the first bend is like that of *j*. *v* and *w* end vertically or very slightly curved to the left. The thin stroke of *x* may be made first or last. *z* is often finished below the writing line.

Capitals are rendered in the shape of the classical Roman letters, their height being rather less than that of " ascenders ".

Numerals for mathematical use are made all the same height, but for use with writing 3 4 5 7 and 9 descend and 6 and 8 ascend.

Ligatures should not be deliberately practised at first. It is better for them to develop naturally as proficiency is gained.

For further information, see " A Handwriting Manual " by Alfred Fairbank.

SPORT

GUY'S HOSPITAL CRICKET CLUB

AVERAGES, 1953

Batting : Qualification 5 Innings

	I.	N.O.	R.	H. Score	Av.
N. Cooke	23	1	789	150*	35·86
M. Mackenzie	20	7	402	103*	30·92
D. Atkinson	11	1	237	81	23·70
R. Elsdon-Dew	8	0	189	78	23·62
D. Lipington	16	1	340	45	22·66
W. Howells	22	0	469	104	21·31
D. Tunnadine	16	5	226	47*	20·54
H. Bissoon-Dath	10	3	120	28	17·14
D. Allan	5	0	78	45	15·60
F. Trist	16	4	147	30*	12·25
R. Gibbons	20	1	222	28	11·68
W. Knapman	12	2	112	31	11·20
M. Williams	16	1	120	21	8·00
M. Willis	14	3	58	18	5·27
N. Labuschagne	6	2	11	3	2·75

Also batted :—
T. Smith, 18, 0, 0, 3*.
K. Grey, 1.
S. Lam, 0, 4.
Chignall, 16.
D. Wooding, 8, 10.
K. Tyrer, 0, 5, 11.
J. Millar, 1, 7.
T. Cahill, 0, 15, 5*.
B. Holmes, 4*.
J. Riley, 11.
J. Kingston, 1*.
F. Young, 16, 1, 3*.

Bowling :

	O.	M.	R.	W.	Av.
M. Willis	177·7	31	459	38	12·02
F. Trist	169·9	42	466	36	12·94
M. Mackenzie	229·7	51	622	47	13·23
H. Bissoon-Dath	36·7	4	185	13	14·23
T. Smith	56·5	13	151	9	16·77
N. Labuschagne	143	33	387	23	16·82
D. Tunnadine	68	20	202	11	18·36
D. Atkinson	87·3	26	247	10	24·70

Also bowled :—

N. Cooke	15	2	58	3
W. Knapman	2	0	12	1
K. Grey	12	4	22	2
D. Lipington	3	0	3	1
K. Rosair	3	1	5	0
B. Holmes	1	0	6	0
J. Willis	5	0	26	1
T. Cahill	3	0	11	0
D. Wooding	3	0	10	0
R. Gibbons	2	0	15	1
D. Allen	2·4	0	11	1

Best Batting Performances

N. Cooke	150*	v. Ashford.
W. Howells	104*	v. R.N.V.R.
M. Mackenzie	103*	v. Ashford.
N. Cooke	83	v. Wanderers.
D. Atkinson	81	v. R.N.V.R.
R. Elsdon-Dew	78	v. Stoics.
N. Cooke	73	v. Ashstead.

Best Bowling Performances

M. Willis	5 — 13	v. Wanderers.
F. Trist	6 — 11	v. Bognor.
M. Mackenzie	5 — 16	v. O. Westminster C.
M. Mackenzie	5 — 18	v. Bognor.
F. Trist	7 — 28	v. Wallington.
T. Smith	3 — 14	v. R.N.V.R.

Highest Wicket Partnerships

1st Wkt.	97	Cooke and Howells	v. Eltham Strollers
2nd Wkt.	73	Knapman and Lipington	v. R.N.V.R.
3rd Wkt.	142	Cooke and Elsdon-Dew	v. Stoics.
4th Wkt.	224†	Cooke and Mackenzie	v. Ashford
5th Wkt.	60	Tunnadine and Atkinson	v. Finchley.
6th Wkt.	130	Howells and Atkinson	v. R.N.V.R.
7th Wkt.	61	Bissoon-Dath and Tunnadine	v. Eltham Strollers
8th Wkt.	42†	Knapman and Trist	v. Orsett.
9th Wkt.	23†	Knapman and Tunnadine	v. Casuals.
10th Wkt.	12	Trist and Labuschagne	v. Dulwich.

Catches

Howells	15	4 st.	Knapman 4
Cooke	13	Elsdon-Dew	4
Gibbons	9	Tyrer	4
Williams	7	Labuschagne	3
Mackenzie	6	Cahill	3
Willis	6	Lam	2
Lipington	5	Allan	2
Bissoon-Dath	5	Wooding	1
Tunnadine	5	Young	1
Trist	4	Atkinson	1

† Unseparated * Not Out.

Results :

Date		Opponents	Guy's Score	Opponent's Score	Result
April	26	Wallington	126–7	125	Won—3 wickets.
May	3	O. Westminster Citz.	90	50	Won—40 Runs.
May	6	Wanderers	221	75	Won—142 Runs.
May	9	Honor Oak	143	144–5	Lost—5 wickets.
May	10	Ashstead	188–9 dec.	139	Lost—59 runs
May	17	Dulwich	127	127–9	Tied.
May	20	Stoics	231–6 dec.	99–6	Drawn.
May	23	Chislehurst	130	95	Won—35 runs.
May	25	Crofton Park	128	129–5	Lost—5 wickets.
May	31	Eltham Strollers	193–7 dec.	124	Won—69 runs.
June	6	Orsett	118–4	117	Won—6 wickets.
June	13	Wallington	104	67	Won—37 runs.
June	20	Private Banks	166–6 dec.	145–8	Drawn.
June	21	R.N.V.R.	249	140	Won—109 runs.
June	27	Kenley	113–8	155–9 dec.	Drawn.
June	28	Silhouettes	118	173–6 dec.	Lost—55 runs.

Continued opposite.

July	4	Finchley	154–7 dec.	97	Won—57 runs.
July	5	Streatham	88	91–2	Lost—8 wickets.
July	11	R.N.V.R.	179–7 dec.	180–7	Lost—3 wickets.
July	18	Orsett	132–7 dec.	62–3	Drawn.
July	19	Casuals	170–8	169–7 dec.	Won—2 wickets.
July	26	Brighton and Hove	188–6 dec.	189–4	Lost—6 wickets.
August	2	Bognor	125	40	Won—85 runs.
August	4	Merstham	115–7	114	Won—3 wickets.
August	12	Ashford	325–3 dec.	200	Won—125 runs.

Summary : Played 25, Won 13, Lost 7, Drawn 4, Tied 1.

Guy's *v.* Mertham

At Mertham. Result : Won by 3 wickets
4th August, 1953

Guy's

W. Howells, l.b.w., b. Wooler	23
W. Knapman, st. Pink, b. Wooler ..	16
D. Lipington, c. Bull, b. Wooler ..	18
D. Tunnaline, l.b.w., b. Wooler	16
M. Mackenzie, c. Bull, b. Wooler ..	20
R. Gibbons, l.b.w., b. Wooler	0
A. Cahill, not out	5
M. Williams, b. Wooler	5
F. Young, not out	3
F. Trist, did not bat ..	
M. Willis, did not bat	
Extras	10
Total, for 7 wickets declared	117
Mertham	114

Bowling :	O.	M.	R.	W.
Mackenzie	21	8	42	4
Tunnadine	7	2	23	0
Willis	6·2	1	15	2
Trist	10	2	23	4

Guy's *v.* Ashford

At Ashford. Result : Won by 124 runs
12th August, 1953

Guy's

M. Williams, b. Brown	18
N. Cooke, not out	150
D. Atkinson, c. Dew, b. Blaclock ..	20
E. Gibbons, b. Williams	12
M. Mackenzie, not out	103
F. Young, did not bat	
W. Howells, did not bat	
J. Willis, did not bat	
A. Cahill, did not bat	
F. Trist, did not bat	
M. Willis, did not bat	
Extras	22
Total for 3 wickets declared	325
Ashford	200

Bowling :	O.	M.	R.	W.
Trist	11	0	47	1
Atkinson	4	2	9	0
M. Willis	24	4	48	4
Mackenzie	12·8	4	27	3
J. Willis	5	0	26	1
Cahill	3	0	11	0

Guy's *v.* Brighton and Hove

At Hove. Result : Lost by 6 wkts.
26th July, 1953

Guy's

N. Cooke, c. Hazelgrove, b. South ..	49
W. Howells, c. South, b. Manville ..	22
D. Atkinson, b. Cairn	28
R. Elsdon-Dew, b. Lawrence	32
D. Tunnadine, b. Wales	5
R. Gibbons, c. Kent b. Manville ..	5
M. Mackenzie, not out	25
D. Lipington, not out	19
M. Williams, did not bat	
W. Knapman, did not bat	
F. Trist, did not bat	
Extras	3
Total for 6 wickets declared	188

Brighton and Hove, 189 for 4 wickets

Bowling :

	O.	M.	R.	W.
Mackenzie	10	2	49	2
Atkinson	15·3	1	62	0
Tunnadine	15	3	46	1
Trist	3	1	20	0

Guy's *v.* Bognor

At Bognor. Result : Won by 85 runs
2nd August, 1953

Guy's

N. Cooke, l.b.w., b. Trayler	24
W. Howells, c. Carter, b. Trayler ..	10
D. Lipington, b. Cooper	35
D. Tunnadine, c. Warton, b. Cooper ..	13
M. Williams, b. Trayler	11
R. Gibbons, c. Cooper, b. Trayler ..	1
M. Mackenzie, c. Nutbeam, b. Cooper ..	8
W. Knapman, l.b.w., b. Trayler	2
F. Young, b. Trayler	1
F. Trist, b. Trayler	4
M. Willis, not out	0
Extras	13
Total	125
Bognor	40

Bowling :

	O.	M.	R.	W.
Mackenzie	15	6	18	5
Trist	14·5	7	17	5

GUY'S HOSPITAL LAWN TENNIS

After a very successful season Guy's had their last match against Westminster Bank cancelled owing to rain. Thus :

Played	Won	Lost
18	15	3

The Gentlemen's VI would like to take this opportunity to congratulate the Ladies VI on winning the Inter-Hospital Tournament and the Guy's Nurses team on a very much improved performance this year.

RECENT ADDITIONS TO THE WILLS LIBRARY

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Sand, René : *The Advance of Social Medicine.* Staples Pr. 1953.
Savill, Agnes : *The Hair and Scalp.* 4th edn. Arnold. 1952.
Semon, Henry C. G. : *An Atlas of the Commoner Skin Diseases.* 4th edn. Wright. 1953.

Further titles will be published in our next issue.

HOSPITAL INFORMATION

HOUSE APPOINTMENTS

September 1st, 1953

Assistant House Surgeons

To :

Mr. Blackburn : Mr. K. Kelly
3 *months*

Mr. Lawrie : Mr. R. G. Orr
Mr. Glover Mr. D. G. Montefiore
Mr. Brain Mr. J. B. L. Gee

Appointed for six months, the first three months as A.H.S.

Assistant House Physicians

To :

Sir John Conybeare, Dr. Hardwick & Dr. Campbell } Mr. A. J. Kenmuir-Evans

Appointed for six months, the first three as A.H.P.

Dr. Douthwaite, Dr. Mann & Dr. Bishop } Mr. R. Y. Calne
3 *months*

Dr. Boland, Dr. Baker & Dr. MacLean } Mr. D. B. Longmore
Appointed for six months, the first three as A.H.P.

Dr. Hampson, Dr. Kauntze & Dr. Grant } Miss M. J. Purser
Appointed for six months, the first three as A.H.P.

Out-Patient Officers
Mr. I. C. Fuller, Mr. R. H. Farrell, Mr. A. H. Vaughan, Mr. G. Evans, Mr. J. A. Jemson } 3 *months*

House Surgeons
To :
Mr. Massie : Mr. P. G. Dunbar
6 *months*

Mr. Eckhoff : Mr. J. A. D. Briggs
3 *months*

Mr. Atkins : Mr. G. A. Lawrence
6 *months*

Mr. Wass : Mr. G. L. S. Rankin
3 *months*

House Physicians
To :
Sir J. Conybeare, Dr. Hardwick & Dr. Campbell } Mr. C. T. M. Wilson
3 *months*

Dr. Douthwaite, Dr. Mann & Dr. Bishop } Mr. B. Pigott
6 *months*

Dr. Boland, Dr. Baker & Dr. MacLean } Mr. K. J. Zilkha
6 *months*

Dr. Hampson, Dr. Kauntze & Dr. Grant } Mr. J. Ernsting
3 *months*

Resident Obstetricians
1. 5.53—31.10.53: Mr. M. J. Hunter
1. 7.53—31.12.53: Mr. G. B. Davison
1. 9.53—28. 2.54: Mr. W. M. S. Boyd
1.11.53—30. 4.54: To be readvertised

Ophthalmic House Surgeon
(Non-Resident)
Mr. J. V. Sheldon 6 *months*

Throat and Ear House Surgeon
Mr. R. H. R. White (*locum* 2 *months*)

Dermatological House Physician
(Non-Resident)
Mr. J. S. Norell 3 *months*

Neurological House Physician
Mr. B. L. Mallett 6 *months*

Genito-Urinary House Surgeon
Mr. B. A. Tudgay (*locum* 1 *month*)

Children's House Physicians
Mr. J. Liddell 3 *months*
Mr. F. A. F. Biddle 6 *months*

House Surgeon to the Thoracic Unit
Mr. J. H. Kerr 3 *months*

House Physician to Department of Medicine and Resident Junior Clinical Pathologists
Mr. A. J. Smith 3 *months*
Mr. R. H. Morgan 6 *months*

House Physicians in York Clinic
Mr. C. P. B. Brook 3 *months*
Mr. F. Winston 6 *months*

Resident Anaesthetists
20.3.53—19.9.53: Mr. J. A. Thornton
7.7.53— 6.1.54 : Mr. L. J. Bishop
20.9.53—19.3.54 : Miss J. E. Brett

R.M.O.s., Nuffield House
18. 3.53—17. 9.53: Mr. W. M. E. Tweed
8. 4.53— 7.10.53: Mr. O. L. Thomas
18. 9.53—17. 3.54: Mr. P. K. M. Barrett
8.10.53— 7. 4.54: Mr. P. F. A. Crawshaw

ORPINGTON HOSPITAL

House Physician for duty in Geriatric, Skin and Children's Departments
Mr. J. R. Wood

QUEEN MARY'S HOSPITAL, SIDCUP

House Physician
Mr. A. B. Aistrop

JOYCE GREEN HOSPITAL

House Surgeon
Miss D. J. Collins

LEWISHAM HOSPITAL

House Surgeon in General Surgery and Genito-Urinary Surgery
Mr. I. R. D. Reid

ST. JOHN'S HOSPITAL, LEWISHAM

Casualty Officer
Mr. G. L. Money

APPOINTMENTS

UNIVERSITY OF LONDON

Examiners

Second Examination in Dental Surgery

Anatomy (General) : J. Whillis (Chairman).
Anatomy (Special) : J. W. Mansie (Chairman).
Physiology : D. J. Anderson (Chairman).

Third *B.D.S.* Examination in Dental Surgery

Surgery : F. N. Glover.
Pathology and Bacteriology : A. Bulleid.
Pharmacology and Therapeutics : A. S. Moore (Chairman).
Dental Surgery (including Special Pathology) : F. S. Warner (to act if more than 50 candidates enter).
Orthodontics : K. E. Pringle (Chairman). R. E. Rix (to act if more than 50 candidates enter).

ROYAL COLLEGE OF PHYSICIANS OF LONDON

Sir Charles Symonds has been appointed Harveian Orator for he year 1954.

Dr. G. B. Dowling has been appointed Watson-Smith Lecturer for 1955.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

Court of Examiners

Mr. R. J. Cann has been elected a member of the Court of Examiners for a period of 3 years commencing October, 1953.

PASS LIST

UNIVERSITY OF MELBOURNE

M.D.

T. A. B. Harris

UNIVERSITY OF LONDON

B.Sc. Physiology

First Class Honours
M. H. Evans P. D. Griffiths

Second Class Honours (Upper Division.)
Iris C. Platt

Academic Postgraduate Diploma in Bacteriology
K. R. Wallace

SOCIETY OF APOTHECARIES OF LONDON

Final Examination
July, 1953

Surgery
*R. H. Morgan

Pathology, Bacteriology and Forensic Medicine
L. R. Jenkins *R. H. Morgan

Medicine
J. K. Anderson *W. F. T. Davies
*R. H. Morgan

Midwifery
D. K. Croll *R. H. Morgan

*Have completed the examination.

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

Cross, W. G. Diseases of the Supporting Tissues of the Teeth. *Med. Pr.*, 1953, **230**, 208.

Foxon, G. E. H., Griffith, J, and Price, Myfanwy. Circulation in Lacerta viridis. *Nature* 1953, **172**, 313.

Morgan, J. K. Observations on the Persistence of Skin Sensitivity with Reference to Nickel Eczema. *Brit. J. Derm.* 1953, **85**, 84.

Polani, Paul E., Teaching Students Through Discussion. *Health Education J.*, 1953, *11*, 126.

Rowe, N. L., and another Acute Osteomyelitis of the Maxilla in Infancy. *J. Bone Jt. Surg.* (British) 1953, **35**, 22.

Rowe, N. L., and Killey, H. C., Fractures of the Facial Skeleton. *Dent. Pract.* 1952, **3**, 34, 66.

Wallace, K. R., Wright, G. Payling and another. The Inhibitory Effects of Cholesterol and Related Sterols on Haemolysis by Streptolysin O. *Brit. J. exp. Path.*, 1953, **34**, 174.

Wallace, K. R. and another. The Comparative Resistances of the Red Cells of Various Species to Haemolysis by Streptolysin O and by Saporin. *Brit. J. exp. Path.*, 1953, **34**, 181.

Wallace, K. R. and another. The Comparative Resistances of Rabbits, Guinea Pigs and Mice to the Lethal Actions of Streptolysin O and Saponin. *Brit. J. exp. Path.*, 1953, **34**, 185.

Watson, John. Chronic Lymphœdema of the Extremities and its Management. *Brit. J. Surg.*, 1953, **41**, 31.

CHANGES OF ADDRESS

H. Lester, L.D.S., 75, Underhill Road, E. Dulwich, S.E.22. Tel. : Forest Hill 0263.

A. J. Salmon, M.B., B.S., D.C.H., 119, Bermondsey Street, London, S.E.1.

J. A. Smith, B.M., B.Ch., 21, The Highway, Sunnycove, Fish Hoek, Cape Province, South Africa.

BIRTHS

BRIGGS.—On 1st July, 1953, at King Edward VII Memorial Hospital, Bermuda to Catherine (née Mills) wife of Colin Briggs, R.N., a daughter (Janet).

FORRESTER.—On 10th August, 1953, at the Royal Hampshire County Hospital to Anne (née Brooking), wife of A. T. T. Forrester, M.B., B.S., a daughter (Sarah Alice).

HALLINAN.—On 13th August, 1953, to Patricia (née Blackburne), wife of W. M. C. Hallinan, M.R.C.S., L.R.C.P., a second son (James Owen).

HANNAFORD—On 21st August, to Anne (née Tomkin) wife of W. D. Hannaford, L.D.S., a brother for Lesley (Robert William).

HOUSDEN.—On 8th August, 1953, at Lorne House, Kingsland, Herefordshire to Pamela Bray, wife of Charles Henry Housden, L.D.S., a sister for Caroline and Robert.

LAMBERT.—On 2nd August, 1953, to Joyce (née Proctor), wife of F. R. Lambert, M.B., B.Ch., a daughter.

MARTIN.—On 30th July, 1953, at Canadian Memorial Hospital, Taplow to Dorothy (née Clover), wife of J. Antony Martin, M.B., B.S., a daughter (Sarah).

MARRIAGES

KAPFF—ELLINGWORTH.—On 29th August, 1953, at St. Nicholas Church, Chislehurst, Peter E. Kapff, M.B., B.S., to Margaret Ellingworth M.C.S.P.

SALMON — HUMPHRIES.—On 25th July, 1953, at St. Peter's Church, Staines, Anthony James Salmon, M.B., B.S., D.C.H., to Elizabeth Joan Humphries.

DEATHS

PALMER.—On 10th August, 1953, Frederick Wm. Morton Palmer, M.D., F.S.A., of Woodlands, Totnes, Devon.

ROSE.—On 1st July, 1953, suddenly, Samuel Rose, M.B., B.S., of 20, Pepys Road, Wimbledon, S.W.20, aged 55 years.

EDS. { E.B.D.T. P.S.B.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXVII. No. 1700 19th September 1953 One Shilling

PASSIM

Work ceases upon the picture or manuscript, not because it is finished, but because sending-in day is at hand, or because the printer is clamorous for copy . . . .

R. G. Collingwood : *Autobiography*

THERE is something good about the taste of blackberries in the early morning. Before eight o'clock the September sun is still sufficiently strong to make constant activity needless, though, as yet, low enough in the sky to cast grotesque shadows beyond every fence and tree. Dew drops stand still, poised on the tips of new green that peep up between the yellow stubble of a lately garnered field.

Step by step the high banks of the narrow lane which leads steadily down hill, spread themselves wider to show a broad triangle of misty sky. Below and beyond lies the sea. The waves move in silently, obscure, for they pound themselves on a hidden shore. Busy insects which fly by, now loud, now soft, mark the quiet intervals which follow their passing.

Soon advancing day will carry away the scene for ever, replacing it minute by minute by another, differing in detail or amended in form (a constant trial of colour, tone, and sound) before each is added, unfinished, to the endless store of memories of a September morning.

Set out between the flimsy curtains of cobweb on the banks the berries lie in black clusters, washed fresh each day by the dew—a thousand diamond points in the autumn sun. They are Nature's refreshment, provided free, for her Private View.

We congratulate Dr. J. C. Houston on his appointment as Assistant Physician to the Hospital. He will take his place on the Senior Staff when Sir John Conybeare retires in December. Meanwhile he will be spending some time during the next few months studying medical practice on the continent—notably in Scandinavia.

Although most of this edition of the Gazette is devoted to articles of dental interest, we believe that these will also be appreciated by our medical readers.

Dental Surgery is, and must always remain, an integral part of medical science. We commend a sympathetic study of dental problems to all our readers that they may understand the tremendous technical advances which dentistry is making and that they realize the sharing of interest between doctor and dentist in the study of oral disease.

Later in this issue we are happy to publish details of the excellent

service given by Mr. J. H. E. Winston and his Appointments Bureau. Many Guy's men have written to express their appreciation of his work. Mr. Winston tells us that he would be glad to hear from any Guy's men in general practice who are wanting to take in Assistants with a view to partnership as there has been a great shortage, recently, of such vacancies.

GUY'S DIARY

SEPTEMBER		Exhibition. Dept. of Surgery. "*The Acute Abdomen*".
21st	1.00.	Dr. Stephen Rothman (Dept. of Dermatology, University of Chicago.) Clinical Lecture. "*Keratinisation Process and its Anomalies*".
22nd	1.00.	Mr. H. J. B. Atkins. Clinical Lecture. "*Scrotal Swellings*".
26th	10.00.	Clinico-Pathological Meeting, Clinical Theatre.
28th	1.00.	Mr. P. W. Clarkson. Clinical Lecture. "*Reconstruction of the External Genitalia*".
OCTOBER		Exhibition. Dept. of Surgery. "*Rectal Bleeding*".
1st	1.00.	Mr. N. L. Eckhoff. Clinical Lecture.
2nd	1.00.	Dr. C. Hardwick. Clinical Lecture.
	2.15.	Dept. of Medicine. Combined Round.
4th	10.45.	Harvest Thanksgiving. Address by The Rev. Sidney Franklin. Guy's Hospital Chapel.
5th	1.00.	Mr. F. Cook. Clinical Lecture. "*Gynæcological Surgery : General Observations*".

OBITUARY

SAMUEL ROSE, M.B., B.S.

DR. SAMUEL ROSE died suddenly on 1st July, 1953. He was born in New York, but was educated in this country, passing from University College School to Guy's. From 1924 to the time of his death, he practised in Wimbledon where he was a member of the Staff of the Wimbledon Hospital and was also a Treasury Medical Officer and a Police Surgeon.

We offer our sympathy to his wife and daughters in their sad bereavement.

NOTICES

GUY'S HOSPITAL CHAPEL

The HARVEST THANKSGIVING will be observed on Sunday, October 4th this year. Services will be as follows :

7 a.m. Holy Communion.
10.45 a.m. Morning Service.

Address by : The Rev. Sidney Franklin.
Free Church Chaplain to Guy's Hospital.

SOUTHWARK CATHEDRAL

The Annual ST. LUKE'S DAY SERVICE for doctors, nurses, members of hospital staffs and students will take place this year on

Monday, October 19th,
at 1.15 p.m., in Southwark Cathedral.

The preacher will be
The Revd. F. S. Sinker, M.A., M.B., B.Chir.
Chaplain : Guild of St. Raphael.

The Provost of Southwark earnestly hopes that many members of Guy's staff and students of the Schools will be able to attend. The service will be over before 1.55, so that people can get to their work in the hospital by 2 p.m.

GUY'S HOSPITAL DENTAL SOCIETY

Officers and Committee for 1953–54

President	C. I. Hagger, Esq., L.D.S.
Hon. Secretary	Annette Pountain
Hon. Treasurer	B. Pritchard
Asst. Hon. Secretary	A. Grice
4th Year Representative	I. Briggs
3rd Year Representative	J. Kamps
Laboratory Representatives	D. Crouch
	J. Wolfle
B.D.S.A. Representative	J. Cautley

GUY'S HOSPITAL DENTAL SOCIETY ANNUAL BALL

Will be held on FRIDAY, NOVEMBER 13th, 1953, from 8 p.m. to 1 a.m. at Grosvenor House, Park Lane.

Evening Dress Full Buffet

Tickets : 3 gns. double from C. Wilkinson (Hon. Dance Secretary), Guy's Hospital, Dental Department, London, S.E.1.

Twenty-Five Years Ago

From Guy's Hospital Gazette, 22nd September, 1928.

(being an extract from a clinical lecture given by Dr. Douthwaite on August 24th, 1928)

I have chosen the subject of angina pectoris because it is one of the most tragic diseases of which we know, and also because it is rarely seen in hospital. A large number of men go through not only their training as students, but also as house physicians, and never see a case of this kind. In general practice you will see several every year . . . . The condition is a very important one to recognise, and has attracted much interest during the last year. . . . . questions on this disease will surely appear in the examination papers of the near future . . . .

Fifty Years Ago

From Guy's Hospital Gazette, 26th September, 1903.

The passing of the old-fashioned family doctor is a change in the direction of progress that all will lament. In the place of the friend, counsellor, and expert constitutional adviser, has sprung up the smarter, up-to-date diagnostician, who, nevertheless, has lost in solidity and reliability what he has gained by his *fin-de-siècle* theories . . . . With this has come the cult of the specialist to an unheard of extent. Many who have leisure and means wander up and down Harley Street and Cavendish Square, dropping guineas as they go, obtaining interviews with charmingly-mannered men . . . . The sorrow is that the genuine consultant of wide hospital experience and sound pathological training is but dimly discerned amid the throngs of flourishing physicians wielding the " high frequency " switch, equally with the latest fat cure.

Seventy-Five Years Ago

From Guy's Hospital Gazette, September, 1878.

True to our traditions we have invariably accepted—nay, sometimes applauded —the statements . . . . which our teachers have thought fit to make, and so many of us have come to regard the Specialist as an enthusiast (if not a charlatan), who in his zeal for his pet subject has thrown to the winds all his previous knowledge of medicine on every subject except one, and whose treatment is purely local . . . . Now upon analysing this conclusion we are bound to confess that our righteous indignation has in reality been poured forth upon a few only of the Specialists and special hospitals and that the sins of the few have sufficed to condemn the many. Let us then, good Guy's men though we be, take a look at the subject from an unbiased point of view and see whether after all we may not have something to learn from the Specialists.

GUY'S PERSONALITIES (2)

Drawn by Sylvia Treadgold

FRANK RICHARD SHIPCOTT

"Ship" is a young 71. He served twelve years in the Coldstream Guards before he started as front gate porter at Guy's at 7 a.m. on January 1st, 1912. "And that" he remarks with evident satisfaction, "was two hours before Mankelow," (No. 1 in this series) "for he started at 9 a.m. that day." "Ship" officially retired in 1948, but has been on part time duty as a messenger in the Medical School since. He served in France in the first world war, being wounded and invalided out of the army in 1919. In the blitz he was at the College lodge and when it was damaged in 1941 he went to Nuffield House and the Front Lodge. When he retires (for the second time !) he intends to devote himself to his garden. "Ship" explains his forthcoming retirement by his account of a conversation he had this year with the Secretary of the Medical School :—"I told Mr. Cook that I wanted to retire at the end of the Summer, "When is that ?' said Mr. Cook."

We hope it is a long summer this year.

ALBERS-SCHÖNBERG DISEASE

REPORT OF A CASE

By L. COHEN, B.Ch.D., F.D.S., R.C.S.(Eng.)

THE patient was seen while the author was serving in the Royal Air Force Dental Branch. The case is of interest because the oral condition led to a diagnosis of the disease.

The patient, an airman, aged 21 years, was referred by his own Dental Officer who on routine dental examination had noticed a bilateral hard swelling in $\overline{6543/3456}$ regions of his mandible.

Case History. The patient was single. His mother, father and two sisters were alive and well. The patient had had no previous illnesses. He had never noticed the bony enlargement of his mandible and was unable to give the duration and onset of the enlargement.

The patient was a well-nourished male with no external deformity in the region of his lower jaw. The $\frac{87\ 54321/12C45\ 7}{4321/12C45\ \ 8}$ were present. There was an increase in depth and width of the mandible and the swellings in $\overline{6—3/3—6}$ regions were bony hard in consistency. The overlying mucosa was normal. There were no palpable lymph nodes.

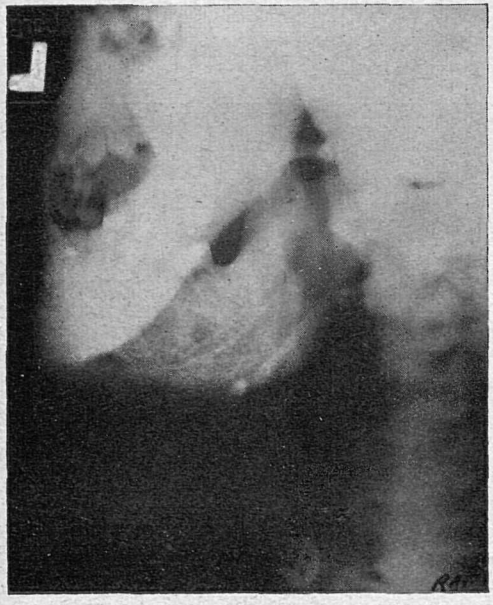

Figure 1

The $\overline{/c}$ was retained and it was felt that the patient might have a dentigerous cyst associated with an unerupted $\overline{/3}$. He was referred for intra- and extra-oral X-rays.

The X-ray of /3 region showed a retained $\overline{/C}$ and an unerupted /3. There was no evidence of a cyst in the $\overline{/3}$ region and the X-ray showed the $\overline{/3}$ to be absent. The lateral X-ray of the mandible (*Figure* 1) showed an increased density of the bone with an increase in the thickness of the cortical bone.

The patient was referred for examination of serum calcium, inorganic phosphate and alkaline phosphatase levels. The urine was also examined for the possible presence of Bence-Jones protein. A differential white cell count, red cell count, hæmoglobin estimation, Wassermann and Kahn tests were also carried out.

The Laboratory report was :—

Serum calcium	11·0 mgms. %.
Serum phosphate (inorganic) ..	3·4 mgms. %.
Alkaline phosphatase ..	10 King Armstrong units.

These levels are within normal limits.

Urine	No Bence-Jones protein detected.
	No protein detected.
Hæmoglobin ..	96% : 14·3 grams.
Red cell count ..	4·5 millions per cu. mm.
White cell count ..	6,400 per cu. mm.

Differential white cell count :

Polymorphs ..	56%.
Monocytes ..	8%.
Eosinophils ..	4%.
Lymphocytes..	36%.

Wasserman and Kahn .. Negative.

In view of the increase in size of the mandible it was thought the patient might be acromegalic. A lateral X-ray of the skull (*Figure* 2) shows a normal-sized pituitary fossa with thickening and increased density of the clinoid processes. The skull shows increased radio-opacity at the base. This X-ray led to a diagnosis of Albers-Schönberg Disease.

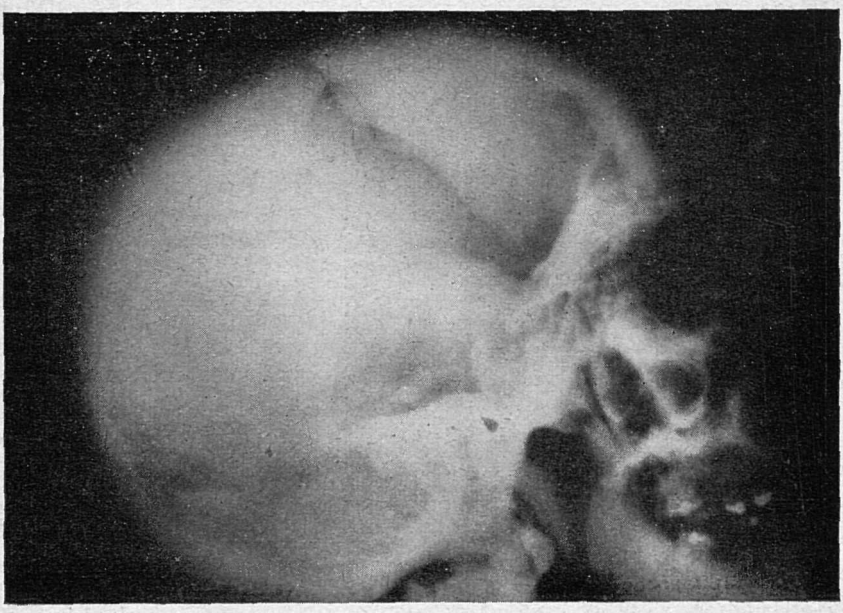

Figure 2

Further X-rays were taken of the patient's thorax, spine and pelvis and these showed increased radio-opacity of the ribs, vertebræ and pelvis.

A general medical examination revealed no enlargement of the spleen, liver or lymph nodes.

After so much interest had been taken in the patient he volunteered the information that his father had " queer bones " this having been noticed when the latter had had an X-ray taken of his hand. It was later found on X-ray examination of the father that he too had the disease.

Comment. Albers-Schönberg Disease (marble-bone disease or osteopetrosis) has a distinct hereditary factor. The cause is unknown. Most cases are recognised during childhood and those who manifest the disease in adult life usually give the history of either rickets or fracture during childhood. The clinical picture includes anæmia, splenomegaly, enlargement of the liver and bony deformities such as scoliosis brought about by healing of spontaneous fractures.

Increased density begins in the metaphysis and extends into the shaft of the bone. There is centripetal thickening of the cortex so that the marrow cavity is greatly reduced and the bone itself becomes solid. The skull bones are also dense and compression of cranial nerves may produce secondary neurological signs (Kramer et al, 1938).

The changes in the bones cause a decreased resistance to infection probably because of the poor vascularisation of the bone. In those cases in which extensive dental caries is present osteomyelitis of the jaws may supervene.

Bloom (1943) reported a case of a woman, 25 years of age, who presented with a discharging sinus in the intra-orbital region following extraction of the right maxillary teeth. On X-ray examination she was found to have osteopetrosis.

Lewis (1948) had a case of a boy aged 9 years who was referred to the hospital because of osteomyelitis of the mandible. An X-ray examination revealed Albers-Schonberg disease. The red cell count was 3,250,000.

Ellis (1934) treated two cases with parathormone and considered that the balance of evidence was in favour of a parathyroid origin.

No Bence-Jones proteinuria is present. The liver and spleen enlarge and in common with other organs, such as the kidney or the psoas muscle take over the hæmopoietic functions of the bone marrow ; these organs contain active myeloid and erythroblastic tissue (Jordan and Scott, 1941).

Blood Changes. Stephens and Bredeck (1932) reviewed 24 cases of marble-bone disease and found one-third of them with blood changes resembling myeloid leukæmia. Anæmia is usual although the compensatory activity of extra-medullary hæmopoietic foci in the liver and spleen may be sufficient to prevent anæmia. Occasionally the anæmia is progressive and may terminate as an aplastic condition. Usually the leucocytes are either unaltered or slightly increased but a few myelocytes are commonly present.

Treatment. Transfusion is said to be of value. Splenectomy or

the application of X-rays to the enlarged spleen are contra indicated because the enlargement is purely compensatory. Parathormone may be tried.

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AN ELECTRIC PULP TESTER

By J. M. SCOONES, L.D.S., R.C.S.(ENG.)

Presented to the Dental Society on 13th January, 1953.

THE electric pulp tester, which will be described here, was produced in the first instance to provide a method for testing the vitality of teeth the pulps of which had had partial vital amputations, and for checking their subsequent progress.

From this, its use has been extended to the testing of the vitality of teeth involved in other pathological conditions. Warning should be given at the start that the apparatus must be used carefully and the results obtained regarded as a guide to be correlated with other clinical observations. The danger of interpreting too literally readings obtained from mechanical apparatus when dealing with living tissues must not be forgotten.

In using the electric pulp tester, the threshold level for excitation of the normal tissues of the pulp is taken as a guide to the state of the vitality of the tooth. In early pulpitis the threshold is lowered, later and in regressive conditions of the pulp the threshold is normal or raised (Stones, *Oral and Dental Diseases*, Chapter XVIII). But on occasions, in these early inflammatory conditions of the pulp, it is possible that changes occurring in the nerve tissue may lag behind those of the pulp in general, so that responses which are within the bounds of normal may be obtained from the electric pulp tester. This is more likely to happen in the case of multi-rooted teeth.

In designing an apparatus for testing electrically the vitality of teeth, consideration has to be taken of limitations imposed by the circumstances of its use and by the physiological characteristics of nerve tissue. The design must be simple and robust, easy to operate, and safe, from the point of view of harm to the tooth or patient. Excitation of nerve tissue by a stimulus depends upon a number of factors :

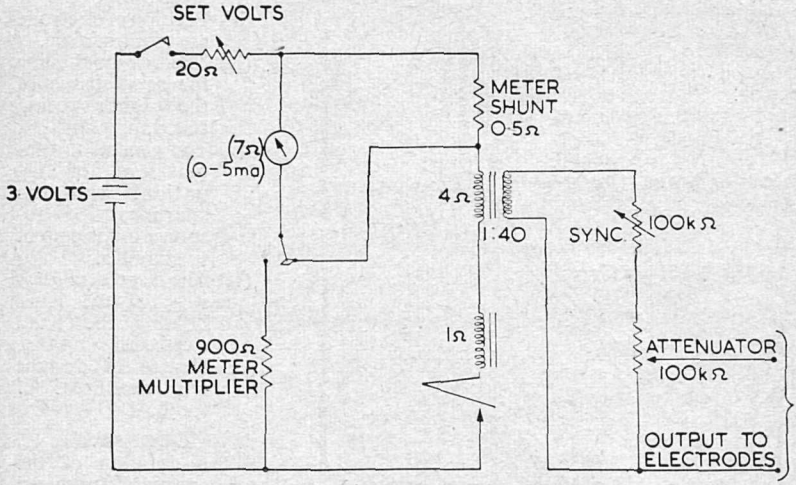
The intensity of the stimulus.
The rate of change of the stimulus. (This is due to the power of accommodation of the nerve tissue.)
The duration of the stimulus.

Following stimulation of a nerve ending the threshold value required for excitation of the nerve is raised ; this gradually returns to normal. The duration of this refractory period is of the order of 0·001–0·004 sec.

No attempt will be made to go into detail of previous circuits, but merely a brief resumé of them will be given.

The type of electric pulp tester about to be described is a Faradic type stimulator, such as has been used by dentists and physiologists for nearly 100 years. Hilding Bjorn who has done much work on the subject of electric pulp testers states that this type is of little use due to variation in the output voltage and the difficulty in judging the current strength using coupling coils.

CIRCUIT DIAGRAM OF BATTERY OPERATED ELECTRIC PULP TESTER. *SERIES CIRCUIT*



Cooke and Rowbotham (1952) have described a similar circuit, but this uses a capacity leakage path for the hand electrode and is mains operated ; both of these points are a potential source of danger to the patient should any breakdown of insulation occur. No provision is made by them for changes in circuit constants.

Rotherham (1940), Hilding Bjorn (1946) and other workers advocate, the

use of more complicated valve circuits, but it is felt that the simple circuit which will be described is perfectly adequate and that the standard of accuracy produced by more intricate apparatus is not necessary or compatible with other variables in the external circuit.

Circuit Diagram

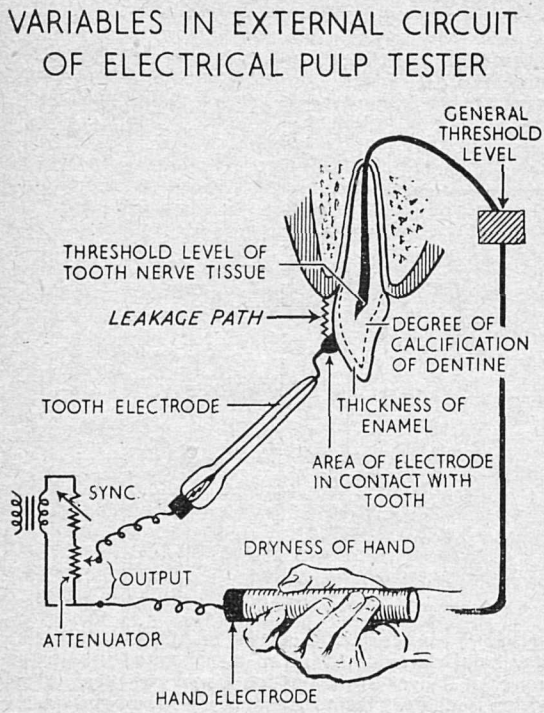
This circuit is battery operated, the primary side consists of batteries, voltage regulator, metering circuit, a vibrator, and transformer coupled to the secondary or output circuit. The vibrator or interrupter makes and breaks the current in the primary circuit so that a voltage is induced in the transformer primary. This is stepped up in the transformer and fed to the secondary circuit. Operation of the attenuator control enables voltage pulses of increasing amplitude to be tapped off and applied to the external circuit. The sync control provides a method of allowing for changes in the external circuit. (It should be noted that values given for components may require some modification for individual circuits.)

Method of Operation

Isolate the teeth to be tested with cotton rolls. Dry the teeth thoroughly. Switch on electric pulp tester and set voltage to predetermined value. Set sync control to 50 and attenuator control to 0. With patient holding hand electrode apply the tooth electrode containing moistened cotton wool to a suitable surface of the tooth to be tested. Advance the attenuator control until response is felt. Repeat preferably on adjoining teeth on the same side of the mouth. In taking subsequent readings proceed as stated above except that sync control is set to 0 and attenuator is set to the reading previously obtained on a specified sound tooth. The sync control is then advanced until a response is felt by the patient. With the sync control kept in this position take a new reading by means of the attenuator control on the tooth whose progress is being checked.

Explanation of External Circuit

This diagram shows the variable factors in the external circuit which were mentioned at the beginning of this paper :



(i) The output voltage. The battery voltage regulator takes care of this.
(ii) The area of tooth electrode in contact with the tooth surface.
(iii) Position of electrode on tooth surface.
(iv) The threshold value for nerve tissue of the tooth being tested.
(v) The general threshold level of the patient and the sharpness of response of the patient to stimulus.
(vi) The degree of dryness of the hand holding the hand electrode.
(vii) Degree of dryness and cleanliness of tooth.

Discussion

The duration of the voltage pulse produced by this circuit is approximately 150 μ at the datum line (6·7 Kc/s.). This is of sufficiently long duration to allow excita-

tion of nerve tissue with reasonably low voltages. It was found experimentally that a repetition rate in the order of 100 pulses per second gave the most clearly defined threshold in response to the stimuli (by that is meant that the onset of a sensation was clearly marked). With this repetition rate, and the refractory period of the order of 0·001–0·004 sec. it was felt that any changes in the nerve tissue due to disease or degeneration would tend to increase the refractory period and manifest itself in the increased voltages required for excitation.

Reference was made in the operating instructions to the tooth electrode being applied to a suitable surface of the tooth. The most satisfactory position for the tooth electrode is usually on the buccal or labial aspect. In this position the enamel is not appreciably worn and is of comparable thickness. It is also most likely to be intact so that it has normal dentine underlying it in contact with the pulp. On the occlusal or incisal surfaces fillings may be present or attrition may have exposed the dentine.

The strength of the sensation felt on excitation is proportional to the number of nerve fibres stimulated and also the strength of the stimulus. Since in using this pulp tester the threshold value is used, it is presumed that the sensation felt is an indication of the amount and vitality of nerve fibres remaining. This response may range from a sharp but not unpleasant one to a tingling or pins and needles feeling, such as is encountered when a pulp is undergoing degeneration or is dead and the sparse fibres of the periodontal membrane are stimulated by extreme voltage.

Secondary dentine of a non-tubular variety, for example as a result of caries, may produce diminution in the response felt by the patient, but should calcification be the result of trauma and tubular dentine by continued to be deposited this response may be quite normal.

Cases Illustrating Use of Electric Pulp Tester and Results which may be Obtained

Case 1. *Mrs. U.G.*, 35 *years.*

This patient was involved in a car accident and received a blow on the upper anterior teeth. Two years later she had a history of dull throbbing pain in the upper 5–1/ region. 1/ was discoloured and gave no satisfactory response to the thermal tests Radiographs showed the pulp of the 1/ to be calcified and also an unerupted 3/. It was not known for certain whether the pain was arising from 1/ or 3/ ↑. The readings obtained from electrical tests on 1/1 were identical. The unerupted canine was removed. The patient has had no further symptoms.

E.P.T. readings now $\frac{2\ \ 1\ |\ 1\ \ 2}{55\ 50\ |\ 64\ 50}$.

Case 2. *Miss B.M.*, 18 *years.*

This patient fell off her bicycle causing considerable damage to her anterior teeth. On testing the lower anterior teeth the following readings were obtained: $\frac{3\ \ 2\ \ 1\ |\ 1\ \ 2\ \ 3}{28\ 22\ 29\ |\ 49\ 45\ 49}$. These variations between the readings obtained from the right and left halves of the mandible were noted on each occasion the teeth were tested.

It shows the advisability of testing teeth on the same side of the mouth.

Table I shows typical readings which may be obtained—ages 27–32 years.

Table I

	3	2	1	1	2	3
A ..	56	56	57	56	47	56
B ..	63	53	48	51	51	51
C ..	67	60	58	56	56	64

Two of these were members of the staff.

These readings were all taken with the electrode placed on the buccal or labia surface of the teeth. They show remarkable consistency when consideration is taken of the variables already mentioned.

Conclusion

The disadvantages of the electric pulp tester have been purposely overstressed in order that reliance shall not be placed on its findings alone. It has, however, many advantages over the use of thermal stimuli. Its stimulus is not as unpleasant as the latter and it allows many teeth to be tested with relative ease.

It is particularly useful for following the progress of traumatised teeth, as a quantitative reading, which is very difficult to achieve with thermal stimuli, is obtained. Often cases are found where it is not possible to get conclusive results from thermal methods ; the electric pulp tester is then of use.

With experience in the assessment of results obtained from an electric pulp tester of this nature much information may be obtained about the state of health of a tooth pulp.

Acknowledgements

My thanks are due to the Medical Illustration Dept. and the Dental Photographic Dept. for the figures accompanying this communication.

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APPOINTMENTS BUREAU

The following particulars of the last three years activities have been provided by J. H. E. Winston, Esq., F.C.I.S.,F.H.A.,Appointments Officer to Guy's Hospital Medical School.

MEDICAL	June 1950/51	June 1951/52	June 1952/53
House Surgeons	43	33	25
House Physicians	17	18	9
Casualty Officers			2
Senior House Officers and Registrars	10	16	16
Student House Officers ..		4	1
Hospital Locums	62	38	66
Ship's Surgeons		4	2
Medical Companion (sea Voyage)		1	
Partnerships			4
Assistantships with views ..	11	8	16 Home
			1 Abroad
Trainee Assistantships ..		6	6
Assistantships	2		7 Whole-time
			1 Part-time
General Practice locums ..	75	88	86
	220	220	242
DENTAL			
House Surgeons	5	7	8
Assistantships with views ..	11	17	17
Assistantships	2	15	14 Whole-time
			7 Part-time
Practices	1	3	2
General Practice locums ..	12	10	21
Senior Hospital appointments	1		
Dental Officers			3 Home
			1 Abroad
	42	52	73

SOME SYSTEMIC FACTORS IN STOMATITIS

By D. OSMOND-SMITH

Read to the Guy's Hospital Dental Society on 17th March, 1953

STOMATITIS is inflammation of the soft tissues of the mouth. In the textbooks Gingivitis and Periodontitis are considered separately, but for the purposes of this paper I will deal with Stomatitis in its widest sense.

In assessing the factors which promote inflammation in the mouth, local and systemic conditions should be considered together, in order to obtain a true picture. The tissues immediately surrounding the teeth, are the most common sites of inflammation, and because of this, I shall devote the first part of my paper to the consideration of Gingivitis and Periodontitis. There are many systemic factors which may complicate these inflammatory conditions, with which I will deal in greater detail in the next section. Finally I wish to discuss those systemic conditions which cause spontaneous lesions in the mouth, which appear to be independent of predisposing local factors.

The factors causing marginal gingivitis, are irritation due to lack of oral hygiene, and consequent stagnation of food debris and tartar formation.

Saliva helps to clean away local debris, but its composition varies in different individuals. It consists of approximately 99·5% water, with equal quantities of organic matter and inorganic salts and about 0·1% of enzymes.

Mucin is not present in the parotid secretion, but is produced by all the other salivary glands. Desquamated epithelial cells, polymorphs and lymphocytes mostly arising from the gingival crevice are also found. Phosphatase is present in the desquamated epithelial cells. A viscid saliva, a soft diet rather than " self cleansing " foods such as raw fruit and vegetables, hypoplastic and irregular teeth, are all factors which predispose to calculus formation. Supragingival calculus is most often found opposite the openings of the main salivary ducts, on the buccal aspect of upper molars and the lingual surface of lower incisors. Though the greater bulk occurs in these two main situations, small quantities may often be found on the crowns of nearly all the teeth.

The principal theories on the deposition of salivary calculus are :—

Prinz's Physico-Chemical Theory. The calcium salts in the saliva are in a supersaturated solution, and a reduction in the tension of carbon dioxide causes precipitation of these salts.

The Enzymatic Theory (*Smith*). This claims that phosphatase is liberated from desquamated cells and hydrolyses the organic phosphates into inorganic salts, which are subsequently deposited on the teeth.

Broderick believed that alkalosis is the predisposing factor in calculus formation, and pointed out that there are substantial quantities of calculus in diabetics.

McCormick (1946) points out that populations living on vitamin C deficient diets present heavy deposits of salivary calculus.

None of these theories accounts for localised tartar formation, and an alternative bacterial theory is now widely accepted.

Supra gingival calculus has been shown to contain a number of thread-like organisms, which are probably leptothrix buccalis. These occur in areas of stagnation, and become progressively calcified. The presence of this tartar causes an irritation of the gingivæ. It also harbours bacteria, causing further stagnation and production of toxic substances by the micro-organisms. Absorption of these products by the gingivæ causes inflammation with dilatation of the capillaries and an increased permeability. In histological preparations a barrier of inflammatory cells is seen around the base of the gingival crevice. According to Fish there is a proteolysis of debris in the pocket, and as the pH falls, due to the incomplete oxidation of carbohydrate, and the production of lactic acid, instead of carbondioxide and water, the inflammatory cells in the tissues change from polymorphs, to lymphocytes and plasma cells. The organisms are not absorbed, but their toxic products soak in. Periodic bacteræmias do occur during mastication. The epithelial cells rely for their nourishment on the fluid of the connective tissue, and soluble toxins which enter the ulcers pollute the nutrient supply of the epithelium. The cells proliferate, but undergo premature degeneration, and the epithelial attachment splits. As the toxins progress more deeply,

the ulcer is found further down in the pocket, and superficial healing occurs. This progression of events is what we know as *Periodontitis Simplex.* Collagen fibres of the periodontal membrane can be broken down by proteolytic enzymes, released from the dying cells, in the region of an infected focus.

Subgingival calculus is harder and darker than the salivary variety and is usually found on the roots of the teeth. It has a much more generalised distribution. The dark colour is probably due to blood pigments. Salts from the blood plasma may play a part in its formation.

Periodontitis Simplex may be one sequel of chronic marginal gingivitis. An alternative course is for the condition to blow up in an acute infection and produce an acute gingivitis or a Vincent's infection. I therefore want to consider, for a few moments, the predisposing causes of this latter condition.

Vincent's Infection is associated with a marked increase in the number of Treponema Vincenti and Bacillus Fusiformis, which are normal inhabitants of the oral flora. There was a marked increase in the incidence of this condition in the last two world wars. This is thought by some to be due to a deficiency in vitamins B and C.

Kurt Thoma mentions debility, fatigue and blood dyscrasias, as constitutional factors predisposing to Vincent's.

Clements (1936) states that in New Guinea Mouth and Tropical Ulcer ; which are associated with a fuso-spirochætosis, the predisposing cause seems to be a diet which is deficient in vitamin B.

The incidence of this infection is higher in the winter when there is also an increase in colds, influenza, and the exanthemata. Fish comments that patients with glandular fever often become infected.

As the infection is an acute inflammatory condition, the cervical lymph glands are enlarged, and the histological picture shows many polymorph cells.

Periodontitis Complex is so called because it has a complex ætiology. It presents a picture very different from periodontitis simplex. There is a rapid and irregular loss of alveolar bone—the so-called vertical resorption, which should be contrasted with the regular horizontal alveolar crest seen in X-rays of cases of periodontitis simplex.

One cause of this condition is its development from periodontosis. Orban describes this in three stages :

Periodontosis
1. Degeneration and widening of the periodontal membrane, together with bone resorption and migration of the teeth.
2. Down growth of the epithelial attachment and loosening of the teeth.
3. Separation of the epithelial attachment with consequent pocket formation. This is the clinical stage which is most commonly seen.

Fish believes that the condition is caused by particles being forced through the bases of pockets in cases of periodontitis simplex. These give rise to parodontal abscesses which burst into the base of the pocket and making it considerably deeper, in this way he explains the irregular bone loss.

Tuberculosis, diabetes, vitamin C deficiency and hormonal deficiencies may sometimes play a part in the ætiology of this condition. The predisposing causes are hard to assess, certain coloured races are particularly prone. Stones says that there is general agreement that the supporting alveolar bone is weak, and the fibres of the periodontal membrance are not as dense as usual. Gottlieb demonstrated one case in which bony resorption had occurred at the apices and not on the gingival third. Glickman has shown that vitamin C deficiency and diabetes mellitus in experimental animals, both cause an osteo porosity which may be a predisposing factor. Recent work by Selye, Albright and others, shows evidence that supra-renal cortical dysfunction causes osteoporosis and is a predisposing factor. Other suggestions that have been put forward are a deficiency in the anterior pituitary secretion, and a reduction in the basal metabolic rate.

I now want to discuss in greater detail the systemic factors which may aggravate the conditions previously described. These will be considered under the following four headings. Vitamin Deficiencies, Drugs and Poisons, Endocrine factors and Blood Dyserasias.

Vitamin Deficiencies

Vitamin A is fat soluble. When this is lacking there is a greater susceptibility to bacterial disease, particularly of the alimentary tract. It is also thought to be one of the causes of leukoplakia. Mr. Holland in his presidential address to this Society in October, 1949, entitled *" The Oral Manifestations of some General Systemic Diseases " dealt fully with this subject.

The water soluble Vitamin B Complex may be sub-divided.

Riboflavin or vitamin B_2, is required for the growth and maintenance of healthy skin. If deficient the lips and angles of the mouth become dry and fissured. There is a pebbly glossitis, and later on the papillæ of the tongue atrophy, leaving it glazed and fissured. These symptoms may occur after gastrectomy, if a large part of the acid secreting portion of the stomach has been removed, as Riboflavin is only stable in acid solution. The gingivæ are not affected. Nicotinic Acid is the pellagra preventing factor. If absent, there is a painful glossitis, and ulceration of the gingivæ occurs. The tongue is fiery red, swollen and indented with the shape of the teeth. Vitamin B_{12} contains the erythropoietic factor for the normal maturation of red blood corpuscles. In the resulting pernicious anæmia which occurs with a deficiency of this vitamin, there is a reduced resistance to infection ; accompanied by glossitis.

Vitamin C (Ascorbic Acid) affects inter-cellular substances. The cementing material of the endothelial cells, and collagen fibres are particularly affected. Absence of this vitamin produces a scorbutic gingivitis, but patients who have good oral hygiene, or who are edentulous do not show this symptom. The epithelium is poorly keratinised, and the gingivæ are swollen and spongy, and bleed easily.

Fish claims that this condition can be cleared up entirely by thorough scaling. The two colour slides I am going to show you are, first of a case on admission and next the same case after three weeks vitamin therapy. No scaling has yet been carried out, and though chronic gingivitis is still present, there is a marked improvement in the condition.

Often several vitamin deficiencies are present at the same time and present a complex picture.

Drugs and Poisons

Metallic poisons :— In these cases discoloration of the gingivæ is due to soluble salts in the blood stream, coming into contact with absorbed sulphur compounds from stagnating food, and being reduced to the metallic sulphide.

Mercurical Stomatitis may occur as an industrial disease among workers who handle mercurial salts. The gingivæ become red and swollen, and bleed easily. The periodontal membrane is involved, so that the teeth become periostitic ; and later they begin to get loose. If untreated, necrosis may occur. This may happen when there is surgical interference, such as extraction of a tooth. Mercury is secreted in the saliva, and hence salivation is marked. Bismuth, like mercury, has been extensively used for the treatment of syphilis. It is also used industrially. Stomatitis may result, and a purplish line is seen around the gingival margins. Lead poisoning is rare. The Burtonian line is bluish-black and resembles the bismuth line. The gums are pale due to associated anæmia. The blood may exhibit a punctate basophilia.

Sulphonamides may be the cause of agranulocytosis, which in turn may produce stomatitis, of which I shall say more later on. Antibiotics, by depressing the normal flora of the mouth, may give rise to Thrush—which is caused by the Monilia Albicans. (Thrush may also occur in bottle fed infants, and following debilitating diseases, such as tuberculosis.) The oral mucous membrane is covered with many white spots which occur most frequently on the insides of the cheeks and on the sides of the tongue. When associated with glossitis there is also a deficiency of Vitamin B. Black hairy tongue may also occur due to intra oral penicillin. When sensitive organisms have been knocked out, conditions are favourable for the growth of chromogenic bacteria. The condition is associated with enlarged filiform papillæ, and often resists treatment. Prolonged oral administration of aureomycin and chloromycetin causes a depression of the intestinal flora, and the absorption of certain vitamins is reduced. In the Mayo Clinic group in America, vitamins are given as a routine with aureomycin.

Dilantin Sodium, is a drug used as a routine in the treatment of epilepsy. The gingivæ are markedly enlarged and hyperplastic in about 55% of cases.

*Reprinted in *Guy's Hospital Gazette* of February 25th, 1950.

Edentulous gums are not affected. The pockets which are formed are "false", due to the upgrowth of the gum tissue. Some workers believe that the gingival enlargement can occur without any local factors being present, but the teaching here, is that with perfect oral hygiene this should not occur.

Endocrine Factors

Hyperthyroidism may be a factor in periodontitis complex. After feeding experimental animals with Thyroxine, a widening of the periodontal membrane with resorption of the alveolar crests has been shown. In Hyper-parathyroidism the alveolar bone may be resorbed and predispose to periodontal disease. In Addison's Disease pigmentation of the oral mucosa may occur—brown patches of varying size are seen on the buccal mucosa, lips and gingivæ. The cause of Idiopathic gingival hyperplasia is really not known, it may be caused by hyper-pituitarism. There also appears to be a familial incidence. There is an increase in the number of fibroblast cells, with a gross overgrowth of gingival tissue. In Diabetes Mellitus the resistance of the body to infection is greatly reduced. Glickman claims that when induced in experimental animals, it predisposes to alveolar osteoporosis. In this disease there is dryness of the mouth, the tongue is red and painful and the gingivæ bleed easily.

During pregnancy the gingivæ tend to become red, soft, and œdematous, and they bleed easily. The interdental papillæ may be enlarged. The condition improves after parturition. The so-called pregnancy tumours may also occur, these consist of localised hyperplasia of very vascular fibrous tissue, and arise from the interdental space. Desquamative Gingivitis (a relatively rare condition) may occur in young women at puberty, or later, at menopause. The gingivæ have a bright red glistening appearance. The condition resists treatment, but usually disappears in a few years.

Blood Dyscrasias

Pernicious Anæmia has already been mentioned in connection with vitamin B_{12}. The tongue is smooth and red, and the filiform papillæ are atrophied. Desquamation may occur, leaving only a thin covering of epithelium, and giving rise to a burning sensation. The blood picture is of a macrocytic hyperchromic anæmia. Microcytic Hypochromic Anæmia is due to insufficient iron absorption, one of the causes of which is achlorhydria. The oral mucosa is pale ; and there is a tendency for the gingivæ to bleed. Cracks appear at the corners of the mouth, and the filiform papillæ of the tongue may atrophy. There is an idiopathic form of this disease which has a familial tendency. Purpura is a condition in which bleeding from the gingivæ and ecchymoses may be seen. Purpura simplex may occur in septicæmia, uræmia, vitamin deficiencies and the exanthemata, and is probably due to cells of the capillary walls, damaged by toxins, allowing the passage of red blood corpuscles. In Thrombocytopœnic purpura, the blood platelets may be reduced to 10% of the normal count. Vitamin C therapy helps to reduce capillary fragility. If operative procedures are necessary vitamin K is given beforehand.

Agranulocytosis may occur, due to taking sulphonamide drugs or thiouracil, and in consequence regular blood counts are necessary during and after a course of these drugs. They appear to have a depressing effect upon the maturation of polymorphs, which may be reduced to 5% of the total white cell count. Severe ulceration of the fauces and oral mucosa, which rapidly leads to necrosis, is due to secondary infection ; owing to the diminished resistance of the patient to the infection ; the onset is sudden and the temperature is raised. Penicillin is given to combat infection, and pentnucleotide is given to stimulate the bone marrow to produce granulocytes. The prognosis is poor.

Leukæmia—The acute forms of this disease give rise to the most striking oral lesions. The gingivæ bleed very easily and are frequently considerably hypertrophied. Ulcerative lesions may extend rapidly and become gangrenous. It is often accompanied by gross oral sepsis, and by a microcytic anæmia. Many primitive white cells are seen in the blood picture.

Lastly there are a number of systemic diseases and skin infections which produce oral lesions, which appear to be independent of local factors.

In Scarlet Fever the tongue presents a classical appearance. At first the dorsum appears white with the filiform papillæ projecting through it. This fur is gradually shed from the edges inwards, and after three to four days appears clean and red with enlarged papillæ :— the "Red Strawberry Tongue" of the textbooks. Measles presents a prodromal rash, known as Koplik's spots. These occur in

the catarrhal stage, and disappear by the time the rash has developed. They are usually bi-lateral, and appear in the area of the parotid duct or on the inside of the lips. They are whitish blue specks, surrounded by an erythematous area.

In Chicken Pox lesions may appear in the oral cavity at the same time as the skin rash. These are similar to the vesicles on the skin, but rupture easily and may escape notice. Herpes Zoster (or shingles) is due to a virus which is very similar to that which produces chicken pox. If it affects the trigeminal nerve it gives rise to pain along the course of one or more of its divisions. This is followed by a crop of vesicles at the peripheral nerve endings. Herpetic Stomatitis is a primary infection with the herpes simplex virus, and usually occurs in the first two years of life. Lesions occur on the lips, the oral mucosa and on the tongue, appearing first as reddish blisters which subsequently ulcerate. Recurrent Aphthæ arise in the mouth at irregular intervals, and may also sometimes be due to the Herpes simplex virus. Lesions arise on the lips, cheeks and tongue ; singly or in crops. First of all a burning sensation is felt ; and later one or more vesicles appear. They break down and form ulcers, which last for about a week. The ætiology is obscure. Most cases occur in emotional young women, and are often associated with worry. Treatment is symptomatic, but it has been suggested that deficiency of vitamin B may be a contributory factor.

Lichen Planus is a chronic inflammatory dermatosis, and may occur on the oral and other mucous membranes, as well as producing a skin eruption. It usually appears on the cheeks or tongue, and has a fine white filamentous appearance. Erythema Multiforme is another skin condition giving rise to oral lesions. These are vesicles which rupture and leave painful ulcers. They may be situated anywhere on the oral mucosa, and vary considerably in appearance. Lupus Erythmatosus is another skin disease. A typical lesion seen in the mouth is a red raised area, which is easily abraded and in its later stages appears greyish in colour. Tuberculous ulcers may occur in late stages of phthisis, as a result of secondary infection via the saliva. These are very painful and have a V shape, they occur on the tip of the tongue, but are seldom seen.

Syphilis may present oral manifestations in any of its stages, but primary and tertiary lesions often do not appear.

The Primary Chancre may occur on the lips or tongue although this is an uncommon situation. It appears at the site of infection about a month after infection and presents a hard indurated ulcer.

Secondary lesions usually occur two to three months after the primary lesion. Small round or oval greyish-white ulcers surrounded by a red areola may appear on the soft palate, fauces, lips, cheeks and tongue, and these unite to form the characteristic snail-track ulcers. The saliva is swimming with spirochætes and is highly infectious at this stage. Warty condylomata may appear on the under surface of the tongue.

Tertiary lesions are formed in tissues of mesodermal origin. The gumma, which is the characteristic lesion of this stage, arises as a degeneration of the underlying connective tissue, consequent upon an end-arteritis. This finally ulcerates into the mouth ; giving the well-known punched-out ulcer with a wash-leather slough. A frequent occurrence is a chronic superficial glossitis in which the tongue becomes deeply fissured. This may predispose to leukoplakia.

Congenital Syphilis may present any of the later syphilitic lesions. In addition rhagades—ulcerating fissures which arise from the angles of the mouth—remain as permanent scars afterwards. Leukoplakia occurs in plaques on the tongue and on the inside of the cheeks. The epithelium is thickened and keratinised. Syphilis is a predisposing factor in some cases, vitamin A deficiency is probably another. Rekers found a dietary deficiency in over 50% of cases. He associated vitamin B deficiency with this condition.

Before concluding I must remind you that there are certain racial and familial tendencies, which make one patient resistant and another more prone to infection, and the " toughness " or " frailty " of the patient plays a major part in the incidence and severity of lesions that occur. To sum up I would remind you that in inflammatory conditions of the gingivæ, and periodontal membrane, local factors play the biggest part, and the encouragement of correct oral hygiene will go a long way to reduce inflammation in the mouth. Systemic conditions and disease, which may be due to vitamin deficiencies, drugs and poisons, endocrine imbalance or blood dyscrasias may reduce the resistance of the patient in infection, and thus play a

part in the ætiology of many of the lesions which come under the heading of stomatitis. Lastly there is the group of systemic diseases which produce oral lesions which appear to be independent of local factors.

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CORRESPONDENCE

Letters to the Editor of the Gazette

" Trolleying "

SIR,—Having been a long-staying patient in one of the wards of the hospital, under the care of the efficient and, needless to say, hardworking nursing and medical staffs, I must put forward a suggestion that would help to ease the burden of the stretchering of patients in the hospital.

The experience of sheet flying is indeed a thrill to be tried by all. It is the feeling of uncertainty which makes it all the more exciting. Will the sheet rip or can those fingers hold ?

Although I am sure the hospital would miss this time old custom, I feel there is one method superior from the point of view of patients and staff.

The institution of a stretcher canvas and two insertable poles would not only increase the safety factor but would require only two or possibly three persons to carry out the whole procedure. This system gives more control of the position of the patient in the bed or on the operating table and eases the handling.

I am sure that this suggestion is a sound basis for further adaptation.

Yours, etc.

LESLIE M. HILLMAN.

(*This is a good suggestion. This method is used in many hospitals. However, the ungenerous dimensions of Guy's lifts would probably render this scheme impracticable.*—EDITOR.)

Beaumont-cum-Moze, Essex, and its connection with Guy's Hospital.

The following letter has been received at the Superintendent's Office.

SIR,—Could you suggest a source from which I could glean some local information as to the history of Beaumont, i.e. the Quay and surrounding countryside.

I see that the name of Guy's Hospital appears on a tablet set in a building near the Quay which is now derelict. I am interested to know the connection Guy's has with this and the reason for its association with Beaumont-cum-Moze. Essex.

Thanking you,

Yours, etc.

GWENDOLINE N. HYDE.

" Kingsmore,"
34, West Road,
Clacton-on-Sea, Essex.

Readers of the Gazette who may be able to assist Miss Hyde are asked to communicate with her direct.

REVIEWS

Clinical Dental Prosthetics. By H. R. B. FENN, F.D.S., D.D.S., K. P. LIDDELOW, L.D.S., H.D.D., and A. P. GIMSON. Staples Press. *Price* 50*s.*

A quick glance over the pages of this book will convince the dental student at once that this is a book which he should obtain and study closely. It is in the practice of prosthetic dentistry, with the patient in the dental chair, that the true value of the advice and recommendations will be apparent.

Here is a book built on very broad experience and painstaking study of the particular clinical problems which confront dental practitioners in the daily routine of practice. There is a wealth of material here which will provide an adequate answer for the problems in clinical practice of most dental surgeons in a lifetime. Written with lucidity and clear thinking characteristic of the authors, the book is generously illustrated and each illustration has been carefully designed to supplement the text and to indicate with brevity points in technique, anatomy, design, etc.

There is no doubt in the reviewer's mind that this book will be extremely popular, not only with students, but also with experienced practitioners who will find the clinical and practical aspect of their work very clearly described. They will appreciate that what they are advised to do has stood the test of time and a very thorough review and criticism before it has been accepted. This work, in my opinion, will stand high in the company of the many text books of international class which have been produced by Guy's men.

G.G.T.T.

Textbook of Gynæcology. By EMIL NOVAK and EDMUND K. NOVAK. 4th edition, 1952. Baillière, Tindall & Cox, Ltd. London. *Price* 68*s.* 6*d.*

For the first time Dr. Edmund Novak joins his father as editor of this well known textbook, thus becoming heir-apparent to future editions. There are many textbooks of gynæcology, but there are few good ones. This textbook, based as it is upon the senior author's unequalled experience as a gynæcological pathologist is outstanding. The text is concise and has been well edited. There are over 500 illustrations, all clearly reproduced, and many in colour. The postgraduate will find the lists of references at the end of each chapter of great value.

This book can be recommended without reservation to the undergraduate or postgraduate student and to the practitioner. G.M.E.

Lecture Notes on the Use of the Microscope. By R. BARER, M.C., M.A., B.Sc., M.B., B.S. 74 pages incl. 2 appendices and 8 text-figures. Blackwell Scientific Publications. *Price* 6*s.*

This excellent little book contains all the information about the microscope likely to be of use to the medical or biological student and could be read with advantage by all who have not had systematic teaching in the use of the instrument.

The early part of the book gives a simple account of numerical aperture, resolving power, magnification and the optical system, and is followed by three chapters on the practical use of the microscope. The balance between theoretical considerations and their practical application is especially happy and should enable a beginner, with a little practice, to use the instrument intelligently and to the best advantage. Minor criticisms are that the diagrams and their explanations are not always conveniently disposed, e.g., the text referring to figure 2 on page 5 is largely on page 6, so that much page-turning is necessary ; and that the suggestion that the concave mirror may be used with low-power objectives is unwise in a book intended for beginners. There are useful chapters on the care of the microscope and miscellaneous hints and tips and a short account of how to look at living specimens and unstained material, in which, surprisingly, there is no mention of viewing by reflected light.

The first appendix suggests simple experiments which may be performed and which help towards an understanding of the instrument and the second details the use of research-type lamps in Köhler illumination for accurate high-power work.

This book is so good that it is to be hoped that the author will consider a similar work for research workers dealing with special apparatus and the phase-contrast microscope, to which it might be better to transfer the account of Köhler illumination.

This book is a " must " for every medical and dental student. B.J.R.

SPORT

ATHLETIC CLUB

The Inter-Hospitals Athletic Championships, held this year at Motspur Park, were fought out in brilliant sunshine and in an air of tense excitement that always prevails when teams, equal in strength, struggle for supremacy. For the second year in succession Guy's were the runners up to the London Hospital, but by a much closer margin this year, scoring 62 points to the London's 64. University College Hospital were third with 51 points, twelve Hospitals competing in all. Among notable performances, J. R. Groves won the 220 yards, J. V. V. Lewis and D. Gunning came 2nd and 3rd in the Mile, J. R. Groves and E. O. James came 2nd and 3rd in the 100 yards. R. T. Hawley came 2nd in the Long Jump, E. E. Smith came 3rd in the Javelin and E. D. A. Orsmond came 3rd in the Pole Vault. Guy's won the One Mile Medlay Relay.

Guy's won their last two club matches versus Dulwich College and versus Royal Naval College, Greenwich, thus bringing their club record to 21 consecutive wins since May 1951 ; a very creditable record indeed.

RECENT ADDITIONS TO THE WILLS LIBRARY (*continued.*)

Seward, E. H. : *Analgesia in Normal Childbirth.* Blackwell. 1950.
Sheehan, H. L., and Moore, H. C. : *Renal Cortical Necrosis and the Kidney of Concealed Accidental Hæmorrhage.* Blackwell. 1952.
Sorsby, Max : *The National Health Service.* Livingstone. 1953.
Thorn, George W. : *The Diagnosis and Treatment of Adrenal Insufficiency.* 2nd edn. Thomas, Springfield, Ill. 1951.

Further titles will be published in our next issue.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

EVELINA CHILDREN'S HOSPITAL OF GUY'S HOSPITAL

Southwark Bridge Road, London, S.E.1.

Two Resident House Physicians (with Casualty Duties) from 1st November, 1953. One appointment for 6 months, the other for 3 or 9 months, according to preference of successful candidate. Appointments recognised for D.C.H. Candidates should be registered practitioners and should apply stating age, nationality, qualifications (with dates) enclosing copies of three recent testimonials, to the Hospital Secretary by 14th October, 1953.

CONGRESS DELEGATE

Dr. F. J. Russell Stoneham, Consultant anæsthetist to the Windsor Group of Hospitals, attended by invitation, the International Blood Transfusion Congress at Geneva on September 11th and 12th, where he read a paper on *The prevention and treatment of Shock by a Synthetic plasma substitute, Plasmosan,* in connection with the Symposium on Plasma substitutes.

PASS LIST

SOCIETY OF APOTHECARIES OF LONDON

Final Examination
August, 1953

Surgery
*J. W. Jordan

Pathology, Bacteriology and Forensic Medicine
*J. W. Jordan

Medicine
*G. L. Feldman L. R. Jenkins
*J. W. Jordan

Midwifery
*J. K. Blackwell W. P. N. Moore

CHANGES OF ADDRESS

Major W. S. Hacon, R.C.A.M.C., H.Q. Eastern Command, Halifax, Nova Scotia, Canada
M. S. Kay, B.M., B.Ch., Somerford Lodge, Christchurch, Hants.
H. W. Powell, B.D.S., 34a, Madeira Avenue, Bromley, Kent.
Mohamed M. El Shinawi, M.R.C.S., L.R.C.P., Meat-El-Ekrade, Shawa, Mansoura, Egypt.

BIRTHS

HACON.—At Birch Cove, Halifax, Nova Scotia, Canada, by Isabelle (Jackie) (née Davies SRN) and William S. Hacon, Major R.C.A.M.C., a son, William Ashley. Adopted.

KAY.—On 4th August, 1953, to Ann (née Barker), wife of M. S. Kay, B.M., B.Ch., a brother for Hannah (Michael James).

JAMESON TILL.—To Margaret (née Crust), wife of Stanley Jameson Till of Colne Ford House, Earls Colne, Essex, a daughter (Deborah Mary Juliet).

NORELL.—On 13th September, 1953, at The Bearsted Memorial Hospital, N.16, to Brenda, wife of J. S. Norell, M.B., B.S., a second son.

TIMMS.—On 5th September, 1953, to Elma (née Pirie), wife of R. L. Timms, M.R.C.S., L.R.C.P., a son (Phillip Wingrave).

WAGNER.—On 5th August, 1953, at the Norfolk and Norwich Hospital to Joyce (née Waite SRN), wife of Peter R. Wagner, M.B., B.S., a son (Christopher John), a brother for Michael.

MARRIAGE

POWELL-DEEBLE.—On 15th August, 1953, in Old Dagenham, H. W. Powell, B.D.S., to Millicent Deeble.

EDS. { E.H.D.T. P.S.B.

GUY'S HOSPITAL GAZETTE
A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS
PUBLISHED FORTNIGHTLY
Vol. LXVII. No. 1701 3rd October 1953 One Shilling

PASSIM

A New Academic Year

WELCOME to Guy's Hospital ! These simple words, which greet every newcomer to our ranks at the start of a fresh academic year, serve to re-emphasize once more the peculiar responsibility which rests upon those who already enjoy the advantages of membership of a great institution. Perhaps nowhere is this responsibility more delicately poised than at a hospital and its various schools when new students arrive at an unusually impressionable age, and where tradition, matured over the years, may influence, perhaps unconsciously, the words used by those of senior status.

Much depends on the manner of the greeting. Its effect is felt not only by all to whom it is directed ; its impact is profoundly appreciated (and this is sometimes, and unaccountably, overlooked) by those who are privileged to extend the welcoming hand. Theirs is a task which requires much skill in steering clear of smugness without, at the same time, being overwhelmed by sentimentality. New students are unusually sensitive and critical of pretence. They observe defects on the first day of term which become lovable eccentricities on the last.

On the one hand, then, lies the hazard of a complacent security which beams tolerantly, like some aloof sun, upon those somewhat overawed faces, turned full, for the first time, to the complexities of new surroundings : upon eyes which as yet scarcely reflect with more than a faint sparkle the glittering shafts aimed at them from a zenith of several years' standing. Let those who cry welcome—and an admonition of this sort is consciously directed at these very pages—remember that all who begin afresh today are indeed " ourselves when young " : that those who start their studies at Guy's Hospital as medical or dental students, nurses or physiotherapists are no longer (if indeed they ever were) scholars " creeping like snail unwillingly to school " but rather the elect who, through a fierce struggle of competitive selection, have been chosen to join us here. They present themselves not as conscripted servants of some unpopular profession, nor under any form of duress, but as eager volunteers to a régime of intellectual discipline and of patient enquiry which, once undertaken, need never cease until the practice of medicine is done or the end of life itself shall call a halt to further endeavour. They *wished* to come to Guy's. Their choice is, in some measure, a compliment to each one of us, for our Hospital and its schools are nothing if they are not the composite, living, embodiment of the individual characters of their members, senior and junior alike.

Secondly, let us avoid an excess of sentimentality in our welcome.

The temptation is strong. Of our feeling for Guy's Hospital and all that it represents to us, we ourselves, in the years, are best able to judge. Such affection cannot be projected, in full bloom, into sceptical soil. Let there be no suggestion that in extending a greeting to our new friends today we are invoking the great names or the famous occasions of the past to bolster up what we find inadequate in ourselves or ineffective in our manner of utterance. Names and occasions can very well speak for themselves. So must we. We stand or fall in the estimation of our brothers and sisters by what we as individuals can offer, now, at the beginning of this new academic year. "I would prefer to say," said Sir Richard Livingstone in his address to the First World Conference on Medical Education, "that an educated man knows, and an uneducated man does not know, what is first-rate, and that the best educated man is he who knows the first-rate in the most important human activities." Sentimentality and smugness have no place in such a philosophy. To have presented the first-rate to those who have learned to appreciate it must surely be the supreme reward of any educational method.

"Sirs," we say, in effect, today, "we present to you, Guy's Hospital."

We record, with deep regret, the death on September 20th of Mr. J. F. Carter Braine, Director of the Radio-therapeutic Department since 1937.

A memorial service was held in the Chapel on September 29th. We publish an Obituary on pages 369—370.

Professor Stead's retirement from the Physics Department became effective on September 30th. We publish in this issue his Farewell Address, delivered in the Medical School last July, and also two appreciations which have been kindly contributed by members of the Staff. In marking Professor Stead's retirement in this way, we do not intend to give the impression that we are saying goodbye, for we have good reason to believe that we shall often have the pleasure of seeing him in and around the Hospital and Medical School in future.

On October 1st, Dr. C. B. Allsopp succeeded him as Professor of Physics applied to Medicine at the Medical School. The unbroken continuity which this appointment will provide is a source of much satisfaction to everyone at Guy's.

Professor James Whillis had the arduous honour of Chairmanship of the Inaugural Congress of the World Confederation for Physical Therapy. This opened in London on September 8th when physiotherapists came from 25 countries, and the subsequent meetings and visits to hospitals were most successful. Professor Whillis is also the present Chairman of the Council of the Chartered Society of Physiotherapists.

Mr. R. C. Brock has been awarded the Leriche Medal of the International Society of Surgery for his original contributions to Cardiovascular Surgery. Earlier this year, the Medical Society of London awarded him their Fothergillian Gold Medal. We congratulate him upon both these distinctions.

At a meeting of the *Gazette* Committee held on September 28th, Dr. Maurice Campbell announced his retirement as Chairman. Dr. Campbell who has presided over the Committee for some 26 years has guided, with rare judgment, the fortunes of the *Gazette* during many periods of unforeseen difficulty during that time, and it is with great regret that we announce his decision ; but it is good to know that his wide experience of all matters connected with the *Gazette* is still available to us. We record with much pleasure that by an unanimous vote the Committee elected Mr. G. F. Gibberd to succeed Dr. Campbell as Chairman.

The provision of new laboratories, on the upper floors of the Medical School, has made the union of the Biochemistry and Chemistry Departments a structural as well as an administrative fact.

The new accomodation has, for many years, been part of the Nurses' Home and its alteration has meant complete gutting and redesigning. This has been done most effectively and the Physiology and Biochemistry Departments gain new and modern laboratory space. Rooms are provided for lecturers, postgraduate students and departmental technicians in addition to the new students' biochemistry laboratory and a respiration room. All are airy, pleasant and include the latest ideas in scientific laboratory design. A welcome show of colour is made by the rich browns of the teak bench tops, the mahogany drawers and cupboards and the parquet flooring.

In an early issue we hope to give readers some more news of the increasing scope of these departments.

The *Guy's Hospital Reports* which since 1836 has established what must constitute an unparalleled record of an individual hospital's clinical and research activity, has, paradoxically, been somewhat less well-known among senior students and housemen than among others outside the Hospital. This situation is, we believe, largely due to the fact that the expenses of production of the *Reports* have rendered a substantial subscription inevitable.

Through the thoughtfulness and generosity of the School Council, this unhappy state of affairs is now remedied. A notice which we publish on page 368 announces that from now onwards all clinical students and housemen may obtain a copy of the *Reports* free of charge on application to the Wills Library. This is a matter of great significance and should be widely known without delay. It is surely the duty of every senior student and houseman to be familiar with the work which is going on around them at the Hospital. The *Reports* provides an authoritative survey of such activity, much of which is original, and all of which is of a highly important nature.

We congratulate Miss G. D. Sinclair-Brown, at present an Assistant Matron at Guy's, upon her appointment as Matron of the King Edward VII Memorial Hospital, Windsor and wish her great happiness in her new surroundings.

We congratulate Mr. Arnold Alcock, late Honorary Consultant Surgeon to the Gloucestershire Royal Hospital, on his appointment as City High Sheriff for Gloucester this year.

The showers in the Gymnasium changing room are still temperamental ; the control of water temperature being beyond mere mortal hands. While the sympathetic plumber, for whose services we asked in July, has not yet come, we are happy to tell readers that the showers ensure that fine vasomotor gymnastics may follow the physical exertions of the squash courts.

GUY'S DIARY

OCTOBER		Exhibition. Department of Surgery. *Rectal Bleeding.*
4th	10.45.	Harvest Thanksgiving Service. Guy's Chapel.
5th	1.00.	Mr. Frank Cook. Clinical Lecture. *Gynæcological Surgery : General Observations.*
	5.00.	Films :—Department of Surgery. *Anatomy of the Abdominal Wall* and *Emergency Operation.*
6th	1.00.	Mr. R. S. Lawrie. Clinical Lecture.
8th	1.00.	Mr. S. H. Wass. Clinical Lecture. *Pain in the Left Iliac Fossa.*
	5.00.	Mr. Murray Falconer. Neurosurgical Demonstration.
9th	1.00.	Dr. W. N. Mann. Clinical Lecture. *Arthritis.*
	2.15.	Combined Round. Pre-clinical Classroom.
10th	10.00.	Mr. J. B. Kinmonth (St. Bartholomew's Hospital). Departmental Round. Clinical Theatre.
13th	1.00.	Mr. Guy Blackburn. Clinical Lecture. *Carcinoma of the Thyroid.*
15th	1.00.	Dr. Christopher Hardwick. Clinical Lecture. *Diabetic Coma.*
16th	1.00.	Dr. Charles Baker. Clinical Lecture. *Drugs in Coronary Artery Disease.*
	2.15.	Combined Round. Pre-clinical Classroom.
19th	1.00.	Mr. R. C. Brock. Clinical Lecture.
	1.15.	St. Luke's Day Service. Southwark Cathedral.

NOTICES

GUY'S HOSPITAL REPORTS

As a result of a grant from the Endowments Committee, the School Council have made a special grant so that all house-officers and all students in the clinical period shall receive the Guy's Hospital Reports free of charge.

Copies can be obtained from the Wills Library.

N.A.P.T. HUNTER SCHOLARSHIPS, 1954

The generosity of a private donor has made it possible for four scholarships to be established for doctors and medical students.

Two are post-graduate scholarships of £350, one for British and one for Commonwealth graduates to enable them to study control and treatment of tuberculosis.

The other two are of £150 and are offered to medical students of either sex who have been seriously handicapped through Tuberculosis to enable them to complete their studies at any English Medical School.

Enquiries should be sent to N.A.P.T., Tavistock House North, Tavistock Square, London, W.C.1. The closing date for receiving applications will be 31st March, 1954.

OBITUARY

JOHN FRANCIS CARTER BRAINE, M.D., F.R.C.S., D.P.H., F.F.R.

MR. J. F. CARTER BRAINE, who died at his home in Speldhurst on September 20th, was one of the leading authorities in this country on the therapeutic uses of Radium and X-rays. He was Director of the Radio-therapeutic Department of Guy's Hospital and Civil Consultant in Radiotherapy to the Royal Navy, and was formerly Surgeon-in-charge of the Radium Department of the King Edward VII Hospital, Windsor, and Radiotherapist to the West London Hospital.

John Francis Carter Braine received his medical training at Guy's Hospital and qualified in 1916. In the first world war he served in the R.A.M.C., in France and later in East Africa. On his return to Guy's at the end of the war he was appointed Demonstrator of Anatomy and passed the Final Fellowship. His father and grandfather had likewise been Fellows of the Royal College of Surgeons. He worked for some years in the Department of Pathology under Professor Adrian Stokes and, while Griffiths Demonstrator, submitted the thesis for the M.D. of Durham University for which he was awarded the Gold Medal. He was Chief Assistant in the Old Actino-Therapy Department before his appointment to the Staff as Surgeon to the Radiotherapy Department in 1935.

Very few in the field of Radiotherapy could claim the wealth of experience which he possessed. The first Deep X-ray plant in England was installed at Guy's, and from this early date, he worked unceasingly to improve techniques and results. He was a Foundation Member of

the Society of Radiotherapists of Great Britain and Ireland, and was a member of the official British Delegation to the 5th International Congress of Radiology in Chicago in 1936. He also acted as Assistant Treasurer and member of the Board of Management of the 6th International Congress of Radiology in London, in 1950.

During the war, Carter Braine acted as Adviser to the Group Officer in Radiotherapy, and his help was of inestimable value in the organization of Radiology in the Guy's Sector. When the war broke out, all the Radiotherapy beds at Guy's were closed and the equipment was moved from London. One unit was taken to Sherwood Park, Tunbridge Wells, and there, by arrangement with the Medical School, he was able to continue his clinical work.

When the Guy's U.S.A. Hospital was opened at the Wildernesse, near Sevenoaks, in 1941, it proved possible, with Carter Braine's help, to create, in hutted accommodation, a Radiotherapy Department which continued in use until the end of the war, when it was transferred to Pembury Hospital.

During the whole period, Carter Braine never spared himself and he must have covered well over 100,000 miles between Tunbridge Wells, Pembury, the Wildernesse and London, driving himself in all weathers and under black-out conditions. It was no uncommon event for him to reach his last hospital late at night, and there can be little doubt but that the continuous strain of his work at this time sowed the seeds of his fatal illness.

Carter Braine's clinical judgment, tempered by a profound understanding of the suffering and anxiety of his patients was an inspiration and challenge to all those who had the privilege of working with him. His constant enthusiasm and encouragement evoked a loyalty in his staff which can seldom have been matched in any Hospital department. To his great generosity many can testify, and he unhestitatingly used his own equipment to treat Hospital patients if he felt it was to their advantage. Not least among his many talents was an ability for organization, which reached its zenith during the war years.

In spite of his extremely busy professional life he had wide interests outside his work. He dearly loved the country and this was reflected in the careful husbandry of his farm. He was interested in art and architecture, as well as all things mechanical, and delighted in visiting factories and research departments to see for himself how things were made. He was a keen and competent photographer, an interest reflected in the excellent clinical photographs and lecture slides of his Department.

Carter Braine was, despite his vast experience, the most modest and unpretentious of men. His capacity for work was prodigious and, being physically very robust, his endurance was astonishing.

To his patients he was indeed the beloved physician, whose sympathy and understanding never failed. He had a great sense of humour and a temperament that was singularly equable. He delighted to entertain and his remarkable memory served him well in argument and discussion.

He was a faithful friend and a staunch and loyal colleague and his word was truly his bond.

Our deep sympathy goes out to his wife and daughter in their irreparable loss.

PROFESSOR G. STEAD

AN APPRECIATION

ON July 3rd Professor G. Stead delivered his last lecture as Head of the Physics Department thus bringing to an end a period of thirty years service on the staff of the Medical School.

In 1923 Professor Stead left the Cavendish Laboratory at Cambridge and was appointed Reader in Physics at Guy's. The appointment was part-time and Stead combined it with the Cambridge post of University Lecturer in Physics as applied to Medical Radiology. Because of this division of duty we did not get to know our Reader in Physics very well and were unaware of the growth and development that had begun in his department. His precedessor, although a brilliant exponent of his subject, never made any real attempt to make the Physics Department anything more than a useful tool for passing the 1st M.B. examination. Stead had very different ideas and from the beginning set out to make his speciality of maximum service to all branches of Medicine.

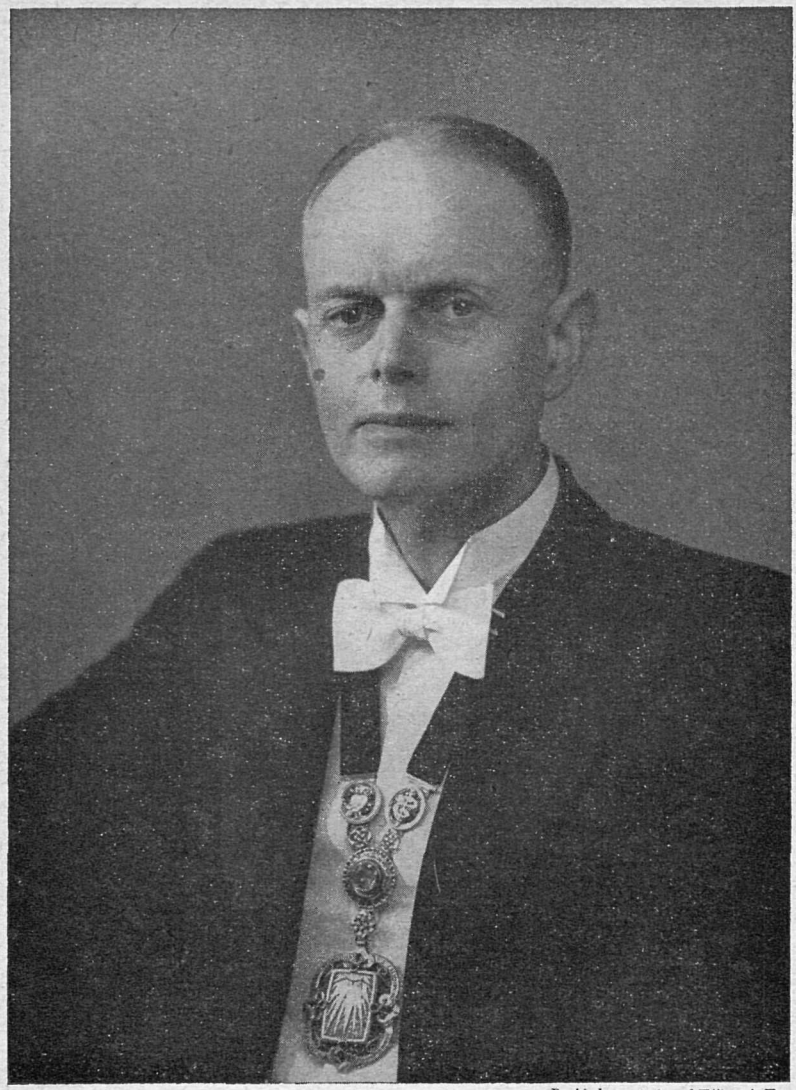
In 1938 Stead was appointed to the Chair of Physics and so became a full-time member of the School staff. From that date we all became fully aware of the changed significance of his department. The erection of the New Pathology Block gave him new quarters and these he proceeded to equip with the thoroughness and care which characterised all his actions. Now his objective became clear to us all and we realized that the basic science of Physics was to be made available and accessible to all aspects of medicine both in the clinical and research fields.

The war came and with it the evacuation of the pre-clinical years to Tunbridge Wells. Stead picked up his department and transferred it first to the panelled billiard room at Hurstmead and later to the more æsthetic surroundings of the Baptist Tabernacle : in both places it was a complete success owing to the flexibility of his planning. Despite the vagaries of some of his assistants, work proceeded smoothly and students must have very pleasant memories of their studies in such unusual settings.

After the war everyone became very much aware of the widespread influence of Physics in the biological field and this was evidenced by the increase in the number of physicists appointed in the Medical School and then in the Hospital and by the development and expansion of courses designed to train those who employ physical methods in the practice of Medicine. Through all this could be seen the guiding hand of Professor Stead with his firm intention of making his subject of real service to Medicine. This objective received its complete recognition when it was decided to alter the title of the Professorial Chair to that of " Physics in relationship to Medicine ".

In addition to his work within the School, Professor Stead has played an active part in many outside bodies. For many years he has been a very welcome visiting examiner at various public schools. His great interest in medical radiology lead eventually to his election as President of the British Institute of Radiology in 1947. He is a prominent member of the Association of Hospital Physicists.

So much for the career, but what of the man? The outstanding



By kind permission of Elliott & Fry.

GILBERT STEAD, M.A., D.Sc., F.Inst.P.

Guy's Hospital Medical School, Department of Physics, 1923–1953.

Professor of Physics since 1938.

Consulting Physicist to Guy's Hospital since 1948.

President of the British Institute of Radiology, 1947–48.

quality that we shall all remember is the quiet courtesy with which Stead always received our most naïve and vague questions or requests for assistance. He might take the problem away with him, but you invariably got some answer of a constructive character. He made an excellent Chairman of an "Ad Hoc" Committee, for he saw to it that clear recommendations were made on the point at issue. His students learned that behind that quiet exterior was the will to help them in any difficulty, however trivial and though some may have started to treat Physics as a joke they all finished in gratitude and affection. Two little scenes illustrate this transition. One day before the war the writer was attracted towards the Physiology Theatre by sounds of revelry within. On peeping through the door one saw a beautiful demonstration of surface tension in a saponin bubble thrown as a shadow on the screen: unfortunately the inflated cheeks of the professorial demonstrator were also projected on the screen with the inevitable catastrophic effect upon the student audience. The second scene was set after the war at Paddington Station whence the boat train was due to leave with passengers for the West Indies. A lordly bishop looked out of the carriage and beamed when he saw what appeared to be a joyful gathering of his flock approaching to bid him farewell. But his face fell as he realized that it was not my lord bishop but the quiet professor sitting beside him who had attracted this demonstration of goodwill. Professor Stead was off to the West Indies to examine, and the students of his department had come to Paddington to wish him bon voyage.

This, then, is the man who by his quiet, kindly but persistent characteristics has established his position as friend and advisor to his colleagues and his students and has moved steadily towards his clear-cut objective, the application of his subject to the service of Medicine. He passes into official retirement for which we send him our very best wishes for health and contentment and we hope that he will frequently return to visit us. W.R.S.

A Personal Note from an Old Student

It was in the autumn of 1924, on arrival at Guy's as a "new boy", that I paired off with a young Scot, now one of H.M. more respected Coroners, to "do" physics. The Department at Guy's, like its Head, was new—shyly new. But, as we soon found, it was by no means lacking in design or vision, for the new Head was Gilbert Stead, a physicist who had already achieved a considerable distinction at Cambridge and who brought an air of shy but determined authority to this growing Department. Stead was obviously a fine teacher who knew the reasonable limits of his contribution in physics to the curriculum of the medical student. He was readily accessible and, from the earliest days, contrived to know a great deal of his students' personal character—and foibles. Impeturbable, quiet voiced and gentle mannered, but with an air of command that did not invite disturbances, Gilbert Stead set out to qualify the 3,000 or so medicals who were to pass through his hands in the next 30 years—and remember him with such affection.

Though his character may have changed but little, it has been

mellowed by time and the acquisition of authority : that emotionless expression with which Stead used to camouflage his humour, that " dead-pan " face with which his cracks would be interpolated so artlessly has gradually given way to the slight change of expression which now intimates that Stead admits he is " being a little frivolous ". The art of the great teacher to convulse his audience yet, in the next minute, to command absolute silence was Stead's without effort. His " boys " knew little then of his eminence in his own field, but they did recognise his gifts as a first year " master " and could not fail to respond to his obvious sincerity and the warmly human interest he took in everyone in his Department from the youngest laboratory assistant or his latest pupil to his senior lecturer. The tradition grew that one " wouldn't like to let The Old Man down ". He got results.

Stead never seemed wholly aware of the real warmth of his boys' affection for him. It staggered him to find, on walking on to the platform at Paddington to leave for a tour of academic inspection in the West Indies, that his entire class was lined up by his coach to present him formally with a pith helmet, a colourful sun-shade—and a copy of his book autographed by his class (just " to keep him *physically* well during his trip ").

Others will tell of his academic stature, of his distinguished career in the speciality he had chosen, of his organising and committee abilities—whilst retaining the restless mind of an original research worker : for us, he was *au fond* just " good old Gilbert ", the master one could both respect and love. We see him go with profound regret and offer him our warmest good wishes on his " retirement ". If we know our Stead, it is not going to be much of a sinecure.

K.S.

Seventy-Five Years Ago

From Guy's Hospital Gazette, October, 1878.

. . . we mean more especially to address those who have chosen Guy's as their *Alma Mater*, and who enter as First Year's Men this Session . . . . there is anxiety to know what the new blood is like, whether it promises good things for Guy's in the future . . . . Round the fire in the Rooms, many a warm discussion as to the relative value of the different years takes place . . . . We mean this as a hint to the First Year's Men, the reputation of their year depends on themselves ; once made it is not easily lost, especially with the Staff . . . .

Fifty Years Ago

From Guy's Hospital Gazette, 10th October, 1903.

. . . Princess May (*later Queen Mary*) as most observed in her visits to Guy's is no ordinary visitor but a keen expert and a candid critic. Advancing unexpectedly into the Surgery on her last visit she encountered a familiar but disgusting horror—a man with a large bleeding scalp wound being dressed under the eyes of other patients, and her words of condemnation of the scene were unstinted and generous.

Twenty-Five Years Ago

From Guy's Hospital Gazette, 6th October, 1928.

THE PHYSIOLOGICAL SOCIETY . . . . Membership entitles one to enjoy tea in the Experimental Physiology Laboratory and also the cigarettes and tobacco provided during the meetings.

THEN AND NOW

By GILBERT STEAD, M.A., D.Sc.

Professor of Physics, Guy's Hospital Medical School

A Farewell Address delivered at Guy's Hospital Medical School on Friday, 3rd July, 1953 : Mr. E. G. Slesinger in the Chair.

MR. CHAIRMAN, LADIES AND GENTLEMEN.—When I came into this room a moment ago I felt somewhat like a condemned criminal being led to the scaffold, but now that I see in front of me so large, distinguished and friendly an audience my spirits are rising a little, and I am no longer as one without hope.

During my thirty years at Guy's I must have delivered at least three thousand lectures, but you will realize that this is the first occasion on which I have been invited to give a farewell address, so I hope that you will regard me as a novice and bear with me. When it was intimated to me a few weeks ago that I should give this lecture I found it a matter of some difficulty to choose a suitable subject. I know that you have come here today out of the kindness of your hearts to wish me well and not to hear me talk about some more or less abstruse branch of physics. I feel, therefore, that anything of the nature of an academic lecture would be out of place. If I had possessed the necessary gifts I might have collected a number of good stories and arranged them in ascending order of magnitude, thus leading up to a grand finale calculated to bring down the house. Unfortunately I am not built that way, and so in my perplexity I consulted my friend and colleague, Dr. Allsopp, who at once pointed out that the position of physics in Guy's has changed in a remarkable manner during the past thirty years and that a general review might be of interest to many of you. Incidentally the whole subject of medical physics has developed enormously during the same period, but that is too large a theme for me this afternoon. I propose, therefore, to entitle my address *Then and Now*, my object being to contrast the conditions in Guy's when I arrived here in 1923 with the state of affairs at the present time. My talk will also serve in some measure as an introduction to an exhibition you will be able to see in the Physics Department after tea. It has been arranged entirely by the staff of the department, and I can claim no credit for it myself.

I think you are all aware that my first appearance in Guy's was due to an unfortunate accident that resulted in the untimely death of my predecessor early in 1923. Dr. Fison had been at Guy's since 1905 as a part-time lecturer and demonstrator, and had endeared himself to staff and students alike, but he was not an appointed teacher of the University. He was concerned with the instruction of first year medical and dental students, and his duties went little beyond that. Here I must say a word about the position of physics in other London medical schools. As early as 1913 Sidney Russ had been appointed Physicist to the Middlesex Hospital and later, in 1920, he became Professor of Physics in the associated Medical School, which was thus the first London medical school to place its physics in charge of an appointed teacher of the University. A year or two later F. L.

Hopwood was given a similar appointment at St. Bartholomew's Hospital and in both cases the duties of the Professor extended far beyond the teaching of first year students, and involved close association with the hospital Radiotherapy departments. Though, in 1923, the time was not quite ripe for such developments in Guy's, the responsible authorities felt that some upgrading of the Physics Department was called for, and they approached the University with a request for the establishment of a Readership in Physics. That was the position when I first came here ; I was an appointed teacher of the University, but only a part-time one, and my work was almost entirely confined to first year teaching.

Dr. Fison's old department was a very small affair, consisting of a teaching laboratory and a little private room. The space it occupied, which was quite inadequate for the number of students, has since been absorbed by the Chemistry Department. When I arrived I found that provision had been made for a new Department of Physics on the ground floor beneath the Department of Biology, which was housed then in its present quarters. I remember being taken by the Dean, Professor T. B. Johnston, to see my new home, which, though better than the old department, was far from spacious. It comprised a teaching laboratory, about half the size of my present one, and two small private tooms. One of these opened out of the main laboratory, being separated from it by a glass partition ; the other had its own separate entrance, which made for privacy, but it was poorly lighted by windows looking out into a small area. In addition, there was a little cupboard out in the passage, and a small dark room which I was told I should have to share with the Physiology Department. Afterwards I learned that Professor Pembrey would only require this room for about two days in the year, and that for the rest of the time I could regard it as part of my department. This arrangement worked perfectly, and my relations with Professor Pembrey were always most cordial. I was a little worried because there was no Physics Lecture Theatre, and no theatre of any kind in which I could give experimental lectures. My training in the Cavendish Laboratory, Cambridge, had impressed on me the importance of lecture demonstrations, but it was not until 1938 that I obtained all the facilities I desired for this form of teaching.

The staff of the department consisted of myself as part-time head, one whole-time demonstrator, and a small boy. I came to Guy's on two days a week to give the first year lectures, and I took part in the practical classes held on those days, but the main bulk of the practical work was done by the demonstrator, Mr. T. W. Adams. The laboratory boys of my early days come to me straight from school at the age of 14 or 15, and were quite unskilled. Moreover, they were usually birds of passage, as there was little future for them in Guy's. There was, however, one small boy who was obviously much above the average, and I was very glad, after he had been with me for a year or so, to be able to find him a place in the Biology Department, where he could work under Mr. T. J. Evans and receive some technical training. That bright " boy " is still with us and is well known to you all as Mr. Hall, Senior Technician in the Department of Biology. I hope he will forgive me for describing him as a particularly small boy, as he has since overcome his initial handicap !

From what I have said you will see how limited the department was both in size and in the scope of its work. The students of my early years did not differ greatly from those of the present generation either in numbers or in type, and many of them are now well known members of the Staff. It would be invidious to mention only one or two names, and wearisome to read out a complete list, so I will refrain. We had then as now a large annual entry of 1st M.B. students, and also considerable numbers of Conjoint students, both medical and dental, but no B.D.S. students. I gave a single course of lectures, attended by all the students, but owing to limitations of space I had to divide the practical classes into three groups—1st M.B., Pre-Medical, and Dental. As many of these practicals were held on days when I was not here, my demonstrator had to cope single handed with classes of 40—an almost impossible task. Needless to say I did not feel very happy about this state of things, particularly as the University took the view that there should be one demonstrator for every 15 students, but it did not seem possible to do much about it at that time. I discussed the position with the Dean, who was sympathetic, but told me that the School budget left little margin for additional teachers.

As the years went by it became increasingly evident that the School could no longer carry on without outside help, and the decision was taken to apply to the University Grants Committee for financial assistance. In due course we received our first quinquennial grant, and I was allowed to increase my staff by one part-time demonstrator, and also to employ an older and more experienced laboratory assistant. One of the first fruits of our initial University Grant was that Mr. T. J. Evans, who had previously held a part-time appointment, was made whole-time Head of the Department of Biology, and later became Dean of the Medical School. That was an important circumstance for me, because Mr. Evans played a notable part in sponsoring a scheme for the expansion and upgrading of the Physics Department. In his own quiet and efficient way he worked for a number of years to that end, until, in 1938, an increased University Grant made it possible for the School to convert my appointment into a whole-time one. Thus, after 15 years of part-time service I was at last able to devote the whole of my energies to Guy's.

In the meantime plans had been made for the building of the New Pathology Block in which I was allotted the space which I now occupy, and I was able to set about the task of designing a new Physics Department, which was brought into use in October, 1938. At the time the accommodation placed at my disposal was thought to be more than adequate for my needs, but I am afraid that we are now almost bursting out of the department and hardly know where to put ourselves. Of course it was not possible then to foresee the great expansion of medical physics that would take place in the next fifteen years. In 1938 my staff consisted of Dr. A. C. R. Wakeman, whole-time, Mr. W. W. Gilford, part-time, and Dr. C. W. Wilson, who come in to help with three practical sessions a week. Dr. Wakeman is now Radiologist at Salisbury Hospital, Mr. Gilford is a surgeon at Pembury Hospital, Kent, and Dr. Wilson is Physicist to Westminster Hospital. I also had a laboratory technician, Mr. G. Deadman, who obtained a B.Sc.

(Special) in Physics while he was with me, and later secured an appointment with a well known firm of X-ray engineers.

I want now to say a few words about the wartime experiences of the Department. In the autumn of 1939 our preclinical departments were evacuated to Tunbridge Wells in accordance with official instructions to " carry on " and help to keep up the supply of doctors. We made a temporary home for ourselves by renting some very large houses in Tunbridge Wells and neighbourhood, and adapting them for our purpose. In them we set up our various departments and also provided hostel accommodation for many of our students. During the first year my department occupied the billiard room of one of the houses, but the space available was very limited, and in the autumn of 1940 we moved into more spacious quarters in a Baptist Tabernacle that had been built just before the war. Here we had one large room that served very well as a physics lecture theatre, and two smaller rooms that we used for practical work. In addition there was a small private room for me and my assistant, and a landing at the head of the staircase where we improvised a workship for minor repairs to apparatus.

I should like here to pay a tribute to Mr. E. G. Smith of the Medical School workshop, who came down with us to Tunbridge Wells, working part-time as a technician in my department, and making himself generally indispensable to the whole of our little community. I think that we all managed to carry out our teaching duties with reasonable efficiency under these strange conditions and that we succeeded in preserving something of the spirit of Guy's. I have always felt that our years in Tunbridge Wells were in many ways happy and fruitful, for the conditions under which we lived and worked brought us all together in a way never possible in London. When I say " all " I mean not only members of the teaching and technical staff but students as well. For more than two years I myself lived in one of the hostels along with the Dean, two members of the staff of the Medical School Office, and a number of students. My contact with students was closer and more intimate than is possible here. Some of them got into the habit of dropping into my room in the evenings with their difficulties and worries, which were not always connected with physics, and I hope that I was able to do something to help and encourage them. I believe that many of the students who were with us in Tunbridge Wells still have happy memories of those days in spite of all the wartime difficulties with which we had to contend.

When we were back in London after the war our task was to preserve all that was best in the old traditions of Guy's, and to apply ourselves vigorously to the work of reconstruction and development. More money became available through the University Grants Committee, and that stimulated us to improve our stock of apparatus, to undertake various pieces of research, to co-operate with other departments of the School and Hospital, and generally to develop the subject of medical physics on the lines which I had had always in my mind. It was quite soon after we got re-established here in London that Dr. C. B. Allsopp came to me in October, 1945, first as Assistant Lecturer, then as Lecturer and finally as University Reader. He has been a

tower of strength in the department, and a very good friend to me personally. I should like publicly to thank him for all that he has done for Guy's, for the Physics Department and for me, and I am very glad and happy to know that when I retire at the end of September he will be my successor. (Loud applause.) Dr. Allsopp and I, working together in close harmony, have striven to build up a department with a wide range of activities and many contacts with other School and Hospital departments. I will now show you one or two lantern slides which will give you a general idea of the scope of our work. In this connexion, I should like to thank Mr. Stanford, who designed these diagrams, my Secretary, Miss Pocock, who typed them out, and Mr. Engel of the Photographic Department, who produced the slides for me at a few hours' notice.

The first diagram (Fig. 1), subdivides the work of the Department nto (1) teaching, and (2) clinical applications and research activities.

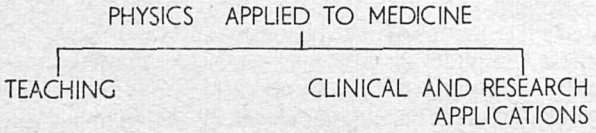


Figure 1

As shown in Fig. 2, the teaching includes first the instruction of preclinical students, and secondly post-graduate courses for students in diagnostic radiology, radiotherapy, and physical medicine. These postgraduate courses have attracted students from many parts of the world who have come here to learn something about the physical basis

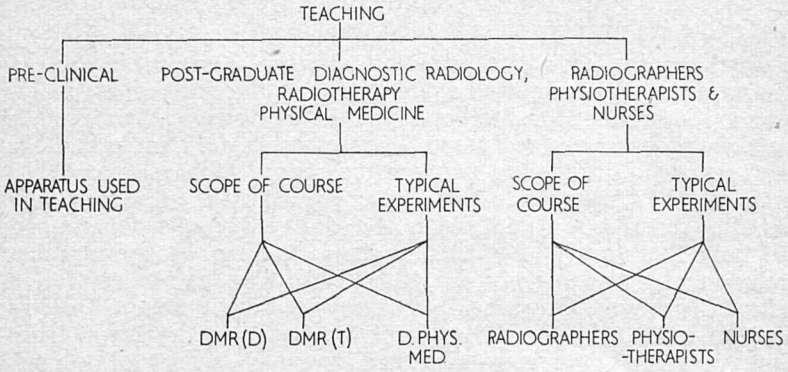


Figure 2

of their chosen medical specialties. Finally we give instruction to students from the various training schools of the Hospital—radiographers, physiotherapists and nurses. The courses are adapted to the special needs of the students, and the radiographers have practical classes in addition to lectures. So much for teaching. Turning now to research and clinical applications of physics, I have

here a slide (Fig. 3) which shows some of the things going on

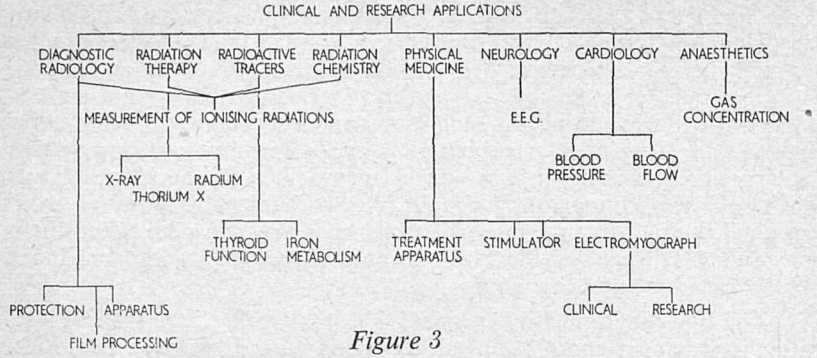


Figure 3

in the department and indicates the main contacts that we have with other departments of the School and Hospital. You will see that these include radiology, physical medicine, neurology, cardiology, dermatology and anæsthetics. I do not think that I need go into any of these matters in detail, as the exhibition that you will be able to see after the lecture illustrates many of our activities.

Naturally all this expansion of our work has involved large increases in staff and equipment. As I have said, in 1923 the staff consisted of a part-time head, a whole-time demonstrator and a boy ; now there are about 15 of us actually in the department, as well as several others who are working in close association with us, though not officially members of the department. I should like to pay tribute to the loyalty and devotion of all who are in and associated with the department ; they are working together in a friendly and co-operative spirit, and certainly constitute a good team.

At this point I ought to bring my talk to a close, but if you can spare me a few more minutes I should like to add a postscript. A few days ago I learnt that Mr. Stanford, Mr. G. Winston and Mr. Hill have been doing a considerable amount of research in dark corners of the Wills Library in an attempt to trace the history of physics at Guy's during the past 150 years. They have unearthed a number of very interesting records, some of which are displayed in the department, and I hope that you will find time to glance at them. It appears that just before the beginning of the 19th century we had a lecturer in physics who served Guy's nearly as long as I have done. He was succeeded in 1826 by the Professor of Mechanics at the Royal Institution, who for some years repeated in Guy's courses of lectures designed for the Royal Institution. So far as can be judged from his textbook, a copy of which we have in the Wills Library, he must have covered a very wide range of physics, and it is interesting to note the amount of attention paid to the steam engine. I do not know whether steam engines were considered in those days to be a particularly exciting part of physics, or whether, perhaps, the physiologists at that time were in the habit of drawing an analogy between the working of the steam engine and the functioning of the human body. At any rate the steam engine bulked largely in those lectures. A later lecturer

at Guy's was Dr. Golding Bird, who also wrote a book ranging over a wide field of physics. In his day he was a physician of some distinction, and he was one of a succession of well-known Guy's men who, though primarily physicians or chemists, were interested in physics.

It may seem strange to us now that in the middle of last century a considerable amount of the instruction in preclinical subjects, including physics, was being given by members of the medical staff of the Hospital, but it was all in keeping with things as they were in those days and much earlier. You will remember that Dr. William Gilbert of Colchester, who was Court Physician about 1600, wrote a book in which he laid down the foundations of the subject of magnetism. Then again, Thomas Young, an early 19th century physician of considerable repute, became world famous for his pioneer work in physical optics. He also made important contributions to physiology, and played a leading part in the work on the Rosetta stone that gave the clue to the interpretation of Egyptain hieroglyphics. I have said enough to show how wide was the field covered by some of these early investigators; and you will appreciate that the association of physics with medicine is very old indeed. Here in Guy's we have lately tried to get some integration between the teaching of physics, physiology and anatomy, and I hope that this kind of thing will grow as the years go by. But integration of the preclinical curriculum is not the end of the matter ; I am sure that it would be all to the good if members of our clinical staff would come into the Physics Department and talk to our first year students. Thus would the wheel come full circle.

That is the little postscript which I wanted to add. In conclusion I should like to thank all of you very much indeed for coming here today to listen to this rather rambling talk. I greatly appreciate your kindness in so doing, and I only wish I could express my appreciation in a rather more adequate way. You will understand that after 30 years in Guy's it is not easy for me to say good-bye, but I am most grateful to you for your friendship, which has been so valuable to me for so many years and has done so much to smooth my way. May I also express my gratitude to all my staff—to *all* my staff, not the academic members only, but also the secretaries, assistants and others ? Anything that the Physics Department has accomplished during recent years has been due almost entirely to their loyalty and devotion. All I have been able to do myself has been to encourage them, to help them wherever I could, and to do whatever was necessary to secure funds for the various developments.

My own personal sorrow at parting is considerably mitigated by the thought that I am to be succeeded by my friend Dr. Allsopp ; for I know that I leave the department in very good hands. He has worked with me for many years, and I am sure that when I go out on September 30th the department will have a very smooth passage, and will continue to advance along the lines that I should wish. I think that all I need do now in closing is to quote and adapt Tennyson's well

known lines—" For men may come and men may go, but Guy's goes on for ever ". (Prolonged cheers.)

The CHAIRMAN :

You would like me to express on your behalf our thanks to Professor Stead for his talk this afternoon. I took the Chair with mixed feelings—feelings of pleasure at being associated with Professor Stead and at having the opportunity to wish him well, and feelings of sadness that this was the last occasion when one would listen to him in his official capacity. All of us who have had experience as I have had of Professor Stead as a colleague know how shrewd he has always been in discussion, how wise in counsel, and how temperate in judgment. I can think of no-one in the School who has been a better colleague. Whenever there was a little bit of difficulty we always said, " Let's have a sub-committee and let's put Stead on to it ". He has told you of the development of the Department of Physics in his time, but one little bit of information he did not tell. The budget for the Physics Department when Professor Stead came to Guy's in the year 1923/24 was £800. As he has told you he was a part-time head and there was also a demonstrator and a boy. The boy, I am ashamed to say, was paid only 15s. a week. The budget of the Department for last year was £11,000, so you can see Professor Stead has been a very expensive acquisition ! But when you see the work done in the Physics Department you will feel that he has been very well worth it. Under him physics has been brought into close contact with the general work of the Hospital. That was recognized in 1948 by the appointment of Professor Stead as the first Consulting Physicist to Guy's. I feel that we owe to him a great deal. In many other Hospitals physics has been brought into the Radiotherapy department or the Radiodiagnostic department of the Hospital in what I believe to be a most unfortunate way. Physicists have been appointed to those departments and have stayed there in a sort of physical vacuum—if there can be such a thing ; they have been isolated and insulated from all other connections. But Professor Stead has done physics in general and medical physics in particular the greater service in introducing here the integration which exists between the Physics Department on the one hand and the Departments of Radiotherapy, Radiodiagnosis, and so on, on the other. I am sure that that is the right way in which the liaison should be developed.

On your behalf I should like to say once more after these 30 fruitful years that we are very grateful to him for the excellent work he had done and we wish him in his retirement long life, much prosperity, and renewed activity in the subject he has made his own. (Loud cheers.)

The assembly then broke up for tea and to visit the exhibition which was housed in the Department.

NEW STUDENTS

The list of new students entering the Schools at Guy's Hospital this year will be published in our next issue.

CORRESPONDENCE

Letters to the Editor of the Gazette

The Keats-Shelley Association

From Mr. F. N. Doubleday

SIR,—May I call the attention of readers of the *Gazette* to the Keats-Shelley Association ? This organization, with its sister society in the United States, was formed some seven years ago to perpetuate the memory of these two poets ; it is fair to say that the greater interest has been shown in our Guy's poet, John Keats.

Under the auspices of the Association a joint memorial to the two poets will, by permission of the Dean and Chapter, shortly be unveiled in Poets Corner, in Westminster Abbey. Guy's men are welcomed as Friends of the Association, there is no fixed subscription, but gifts from those who are willing to become Friends, and also from those who will subscribe to the Memorial in the Abbey, may be sent to the Hon. Sec., Miss Elsa Forman, 63, Rowan Road, W.6.

Yours, etc.
F. N. DOUBLEDAY.

Hospital Equipment

SIR,—During a recent visit to the Middle East, I found a hospital in Nablus in need of help. This is a Christian hospital in the centre of a fanatical Moslem area and, among others, the British Consul there is anxious to see it prosper. In addition, there is great need for a well-equipped hospital in the area. The needs are not many and I write to know if any Guy's man can put me in touch with the following pieces of equipment. I shall be most grateful for any such information:—

1. Operating theatre equipment such as table, head lamp, sterilizer, and anæsthetic apparatus.
2. X-ray apparatus.
3. Laboratory equipment, including a Binocular microscope.
4. Ward equipment, such as sheets, blankets, etc.

I am, Sir,
Yours, etc.
LESLIE HOUSDEN.

Ministry of Health,
Savile Row, London, W.1.

Pupils' Physical Society

SIR,—The Annual General Meeting of the Pupils' Physical Society will be held in the Physiology Theatre at 4.30 p.m. on Friday, October 9th.

We cordially invite all students, particularly those in their clinical years, to attend.

At the meeting, the officers of the society for the year will be elected and the programme for the coming winter will be discussed.

Yours ,etc.
J. H. BAYLIS.
P. A. LANE ROBERTS.
Honorary Secretaries.

Some Systemic Factors in Stomatitis.

SIR,—In the article " Some Systemic Factors in Stomatitis," published in your issue of 19th September, phosphatase liberated from desquamated cells is mentioned in connection with the formation of dental calculus. Histochemical examination of human biopsy specimens has so far failed to reveal any alkaline phosphatase activity in any part of the gingival epithelium. It therefore seems unlikely that this epithelium could be the source of the enzyme which it is claimed is present in desquamated epithelial cells.

Yours, etc.
P. H. STAPLE.

Medical Research Council,
Dental Research Unit,
King's College Hospital Medical School,
Denmark Hill, London, S.E.5.

" Trolleying "

SIR,—I am very glad to see that public objection has at last been raised to the extraordinary method of getting patients from bed to trolley which has been the practice at Guy's for so many years.

It is not only the patient on the sheet who is the victim of insecurity at a time when he is least in need of adventure ; those who grip the sheet also hang on and wonder if they will make it or if the patient will slip away. Patients are rarely dropped, but the smooth passage which is obtained with canvas and poles makes mental and physical shock much less.

Extraordinary resistence is encountered by anyone who suggests the introduction of canvas and poles and I have met before the Editor's observation that the lift is not large enough. In this case a set of poles is kept in each ward and in each theatre. They are removed from the canvas when the patient is safely on the trolley.

I wish Mr. Leslie Hillman good fortune and hope he will be able to convince the authorities that " sheet flying " is out of place in one of the country's leading teaching hospitals.

I have the honour to be, Sir, your obedient servant,

Department of Surgery,
Bristol Royal Infirmary, Bristol 2.

Yours etc.,
ROBERT HORTON.

Our readers will be interested to learn that poles and canvas stretchers, long since planned, are now in use.—Editor.

Clinical Lectures

SIR,—Just recently a member of the Staff, while giving a Clinical Lecture at lunch-time, was forced to stop because of an extraneous noise, which sounded like a pneumatic drill starting up overhead. Only after his personal intervention did it cease.

I honestly cannot remember one single lecture in the Anatomy Theatre in which some noise did not intervene and make concentration difficult.

Could the Works Department be persuaded to stop any hammering, drilling and any other such noise during the lunch hour clinical lectures ?

I am sure it would be greatly appreciated by students and lecturers alike.

Yours, etc.
J. S. B. MEYER.

Freshers' Ball

SIR,—This year's Freshers' Ball is being held on Monday, 12th October, at the Empire Rooms, Tottenham Court Road. The music will be played by Nat Temple and his Orchestra.

Although it is early in the week, I would like to point out that by holding the dance on a Monday the total running costs are reduced by approximately one third, enabling the tickets to sold at six shillings.

Many people have asked me to draw your attention to the fact that it would be greatly appreciated if those who come would wear formal or semi-formal dress.

Yours, etc.
SEAN O'CONNELL,
Hon. Treasurer, Students' Union Council.

" Would you like ?"

SIR,—I am most happy to have my preferences consulted when alternative courses are being offered in all sincerity, as, for example, " Would you like another pillow ?" I can then reply either " Yes please ", or " No thank you ". Again, I am very ready to comply to the best of my ability with any request or order, such as " Please sit here ; take a deep breath ; over on your tummy ; rinse ; spit ;" or even the impossible " Relax completely ".

What gets my goat is this habit of phrasing requests or instructions as though my likes and dislikes are being considered. " Would you like to wait here ?" If I answer " No, thank you, I should infinitely prefer to go in at once, get it over, and go back to work " I shall be labelled facetious and unco-operative ; if I bite back the retort obvious, my blood pressure rises, I mutter under my breath, and

shall probably end up in the psychiatric department with a dangerous frustration.

Tell me what you want me to do, but make it a direct request, " Please will you wait here " not this silly game of " would you like ", unless it is in order for me to decline politely. Would you *like* to open your mouth to receive a thermometer, to undress and appear in a gaudy and shapeless dressing-gown, or to join almost any kind of queue ? If so, your idea of enjoyment and mine are poles apart.

A final warning, should anyone ever ask me whether I should " like to go in there and have another barium enema ", my answer will be unprintable !

Yours etc.,

PEDANTIC PATIENT.

REVIEWS

The Essentials of Medical Diagnosis. By Rt. Hon. LORD HORDER, G.C.V.O., M.D., F.R.C.P., and A. E. Gow, M.D., F.R.C.P., revised with the assistance of R. BODLEY SCOTT, M.A., D.M., F.R.C.P. Second Edition. Cassell & Co. Ltd. *Price* 22*s.* 6*d.*

The first edition of this practical and concise manual appeared in 1928. At that time the authors were aware that the art of clinical diagnosis was beginning to rely increasingly on assistance from laboratory and radiological investigations. They feel that " the ' call ' for another edition may be a sign that a return to clinical medicine is taking place and that the mechanical approach to the problem presented by the patient has been tried and found wanting." The book gains materially by being read in this light ; none the less, there is a remarkably comprehensive account of the chemical and microscopical investigations that may be conducted on a specimen of urine, and page 308, crammed with chemical formulae, pays (perhaps unconscious) tribute to the importance of " laboratory investigations."

There is a valuable synopsis of anatomy at the start of the examination of each " system " though, surprisingly, there is no anatomical description of such vital glands as the thyroid, pituitary, pancreas or adrenals. Thyroid swellings in particular, are more easily recognized when the examining fingers are backed by a sound store of anatomical knowledge of this region of the neck. It is regrettable that, in a second edition, the anatomical description of the superior mediastinum should include " . . . the aortic arch, from which arise the innominate, right common carotid and right subclavian arteries." (page 196). But in general this is an admirable and easily understood treatise on diagnosis. It is categorical : it is clearly written. There is a real gem of English literary style in the section on *Cardiac " Failure "* (page 143 *et seq*) which adds greatly to the intrinsic value of the subject matter presented there. Finally an excellent index materially increases the importance of the book as a work of reference.

E.E.D.T.

Diseases of the Eye. By EUGENE WOLFF, M.B., F.R.C.S. Fourth edition., 1953. Cassell. *Price* 30*s.*

The new edition of this book is well produced and is printed on good paper. The generous size of the pages enables the many illustrations to be reproduced with admirable clarity, those in black and white being generally better than those in colour, though the coloured fundus pictures are excellent and one would have wished that all such diagrams in the book were in colour. Much text space is saved by the use of drawings indicating most of the anatomy of the orbit. These are of a very high standard and save much text-scanning. Perhaps in a future edition, Fig. 47 (Section through the macula near the centre of the fovea) could be printed horizontally instead of vertically for ease of reference.

It seems a pity that the scattered references to Ophthalmic Tuberculosis could not have been gathered together into one chapter. Also the chapter on refraction surprisingly does not mention the use of the self-luminous retinoscope.

The new matter in this edition includes a rewritten section on the retinopathies, bringing their description into line with recent researches. A new appendix is provided on Cortisone and ACTH on Ophthalmology and the use of the Antibiotics. This seems to be rather an afterthought as the antibiotics are dealt with sketchily. For example while it is stated boldly that " Penicillin has been used for injection

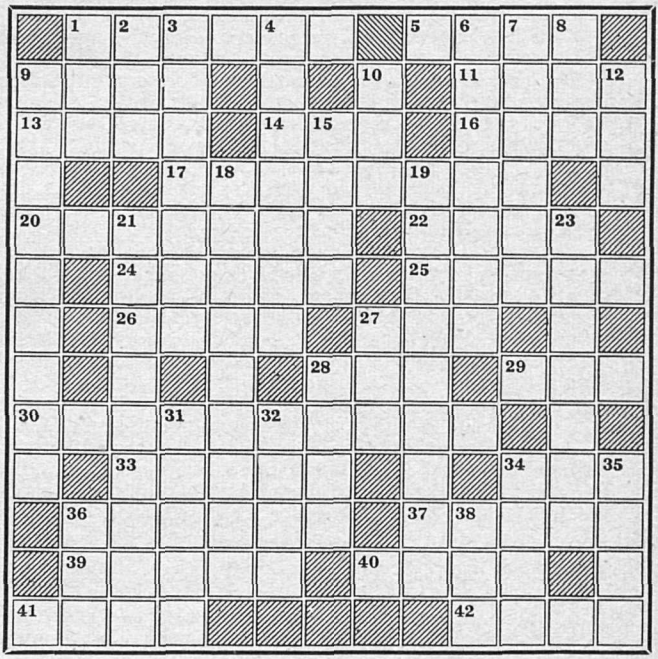
into the aqueous and vitreous chambers" ; the indications, technique and effect of this measure are not described. Also the control of cortisone therapy in ocular conditions is surely not based upon the depression of circulating eosinophils, but rather on clinical findings.

In spite of these criticisms, this book is clear, informative, easy to read and forthright and seems to be the most up to date of the textbooks of its scope. It is well worth its price. P.S.B.

Aids to Male Genito-Urinary Nursing. By JOHN SAYER. Baillière, Tindall and Cox. *Price 5s.*

This book gives, in a small space, a very clear and detailed anatomical description of the Male Genito-Urinary Tract. However, the Nursing treatments are somewhat out of date. Surgery in this field has progressed so much in recent years that the Nursing care is of very limited value. P.S.

CROSSWORD No. 3



ACROSS

1 & 5. Colour of that which was once black. (6–4)
9. Descriptive of a vascular membrane. (4)
11. No. 26 ! (4)
13. Hordoleum. (4)
14. Never burnt on board. (3)
16. On which items may be off. (4)
17. Makes you think of carcinoma. (8)
20. There's one on the inferior surface of the sphenoid. (7)
22. Not a loop, but a show for the boys. (4)
24. Soviet range. (5)
25. Congenital angiomata. (5)
26. Points of sharpness. (4)
27. It has a disperse phase. (3)
28. Fashion set by Burns' hero ? (3)
29. As is a fox. (3)
30. Gain in toes. (Anagram—10)
33. His disease may closely resemble acute appendicitis. (5)
34. A cutting from the paper. (3)
36. Obscured by make-up. (6)
37. A compound of the radical NH with a divalent acid radical. (5)
39. Chopin's wasn't brown. (5)
40. It has its bed on which to rest. (4)
41. Confounds. (4)
42. Kelly's factor ! (4)

DOWN

1. If you have one you're not. (3)
2. Flatfish. (3)
3. May be followed by lysis. (7)
4. Concretions. (7)
6. Pertaining to a boundary. (7)
7. Extract of Jack and the Beanstalk. (6)
8. See 10 Down.
9. Chronic disease especially of the extensor surfaces. (9)
10. Can be synonymous with 8 Down.
12. Vomica, for instance. (3)
15. Letter from the resistance movement ? (4)
18. Web-like. (9)
19. Vicarious period. (9)
21. A thyroidectomy with bad hæmostasis may do this postoperatively. (9)
23. Torn off. (7)
27. Droop. (3)
28. A source of food ! (4)
31. ——— senilis seen in the cornea. (5)
32. Extraction of teeth. (4)
34. The atomic variety is not in our sphere at all ! (4)
35. A network. (4)
36. Sparse. (3)
38. Valuable Russian export ! (3)

(The solution will be published in our next issue) J.M.C.

SPORT

RUGBY FOOTBALL

FIRST XV FIXTURES, 1953–54

DATE	GROUND	OPPONENTS
1953		
Sept. 12		
„ 19	Honor Oak Park	Catford Bridge
„ 26	Honor Oak Park	Blackheath
Oct. 3	Portsmouth	United Services
„ 10	Aberavon	Aberavon
„ 17	Honor Oak Park	Bedford
„ 24	Plymouth	Plymouth Albion
„ 26	Paignton	Paignton
„ 31	Honor Oak Park	Old Alleynians
Nov. 7	Honor Oak Park	Old Blues
„ 14	Birkenhead	Birkenhead Park
„ 18	Honor Oak Park	CambridgeUniversity
„ 21	Honor Oak Park	Rosslyn Park
„ 28	Honor Oak Park	Coventry
Dec. 2	Motspur Park	London University
„ 5	Honor Oak Park	Llanelly
„ 12	Thames Ditton	Old Cranleighans
„ 19	Moseley	Moseley
„ 28	Northampton	Northampton

DATE	GROUND	OPPONENTS
1954		
Jan. 2	Honor Oak Park	Old Merchant Taylors
„ 9	Honor Oak Park	Metropolitan Police
„ 16	*Twickenham*	*England* v. *Wales*
„ 20	Honor Oak Park	Wasps
„ 23	Honor Oak Park	Devonport Services
„ 30	Honor Oak Park	Penzance & Newlyn (morning)
	Twickenham	*England* v.*New Zealand*
Feb. 6	Coventry	Coventry
„ 13	*Twickenham*	*England* v. *Ireland*
„ 20	Honor Oak Park	Aberavon
„ 27	Honor Oak Park	Exeter
Mar. 6	Herne Hill	London Welsh
„ 13	Honor Oak Park	Old Whitgiftians
	Murrayfield	*England* v. *Scotland*
„ 20	Honor Oak Park	Gloucester
„ 27	Blackheath	London Irish
April 3	Honor Oak Park	Richmond
„ 10		
„ 17	*Easter*	

UNITED HOSPITALS RUGBY FOOTBALL CLUB
DRAW FOR 1953-1954 CHALLENGE CUP

	1st Round	*2nd Round*		*Semi-Final*	*FINAL*
1.	Bye	St. Thomas's	Thursday Feb. 11th 2.45		
2.	Bye	St. George's			
3.	Bye	London		Tuesday March 2nd 2.45	
4.	Charing X	Tuesday Feb. 2nd 2.45	Tuesday Feb. 16th 2.45		
5.	Middlesex				Wednesday March 17th 3 p.m.
6.	King's Coll.	Thursday Feb. 4th 2.45			
7.	Univ. Coll.		Thursday Feb. 18th 2.45		
8.	Bye	Westminster			
9.	Guy's	Tuesday Feb. 9th 2.45		Thursday March 4th 2.45	
10.	St. Bart's		Tuesday Feb. 23rd 2.45		
11.	Bye	St. Mary's			

September 19th.	Guy's	11		Catford Bridge	3
	Guy's 'A' XV	17		Catford Bridge	3
September 26th.	Guy's	8		Blackheath	15
	Guy's 'A' XV	5		Blackheath 'A'	0
September 21st.	Coventry Extra 1st	8		Guy's 'A'	6

Accounts of some of these matches will be printed in our next issue.

GUY'S HOSPITAL MOTORING CLUB

The ANNUAL GENERAL MEETING of the club will be held on Tuesday, 13th October, in the ANATOMY THEATRE, at 5.30 p.m.

The business of the meeting will be followed by a film show of motoring events.

Past, present and new members of the Hospital are invited to attend.

Nominations for the committee will be welcomed. They should be received by Friday, 9th October.

HOSPITAL INFORMATION

APPOINTMENTS

ROYAL COLLEGE OF SURGEONS OF ENGLAND

Examiners

The following examiners have been appointed for the newly-instituted examination for the F.F.A., R.C.S.

Primary Examination

Anatomy	*Physiology*
James Whillis	W. R. Spurrell

Final Examination

Anæsthetics

R. R. Macintosh — A. D. Marston

F. A. Sickelmore has been appointed demonstrator in Advanced Operative Technique at the Royal Dental Hospital.

NURSING STAFF

GUY'S HOSPITAL

For the information of Ex-Guy's Nurses.

Applications are invited for the post of **First Assistant Matron** from State Registered Nurses with an administrative diploma or good administrative experience. Salary and conditions in accordance with the Whitley Council Scale £675 × £15—£765 × £20—£785 per annum less £170 in lieu of emoluments.

Applications giving full particulars of age, training and subsequent experience, together with the names of three referees should be forwarded by **October 24th** to the **Matron, Guy's Hospital.**

PASS LIST

CONJOINT BOARD

September, 1953

First Examination, L.R.C.P., M.R.C.S.

Anatomy

E. D. Keen — K. Kitiyakara
B. C. Mallaband — R. Neville
F. A. J. Ogunbiyi

Physiology

G. S. Duncan — K. Kitiyakara
R. Neville — B. C. Mallaband

Pharmacology

Margaret E. Broughton — M. C. Gie
L. Hall — I. D. Hudson
I. S. MacDougall — Marian A. Wilkinson
T. M. Winstanley

PAPERS BY GUY'S MEN

Brunsdon, D. F. V. and Mallett, B. L. Local Infection with Pasteurella Septica following a Dogbite. *Brit. med. J.*, 1953, ii, 607.

Burn, J. H. The Mechanism of the Action of Chemical Substances at Nerve Endings and the Part Played by Peripheral Ganglia. *Acta. physiol. scand.*, 1953, **29**, 40.

Burn, J. H. and others. Acetylcholine and Ciliary Movement in the Gill Plates of *Mytilus Edulis*. *Proc. roy. Soc. B.*, 1953, **141**, 445.

Cardew, Peter, N. and another. The "How-to-do-it" Teaching Film. An Experiment in its Use. *Lancet*, 1953, ii, 484.

Evans, P. R. Deformacion de las Vertebras Lumbares Superiores en niños no afectos de Gargolismo. *Rev. esp. Pediat.* 1953, **8**, 231.

Hallpike, C. S. and another. Fatigue and Adaption of the Cupular Mechanism of the Human Horizontal Semi-circular Canal: An Experimental Investigation. *Proc. roy. Soc. B.* 1953, **141**, 542.

Merivale, W. H. H. Control of Salt and Water Balance. *Practitioner*, 1953, **171**, 267.

Robinson, R. G. Paraplegia due to Paget's Disease (Osteitis Deformans), *Brit. med. J.*, 1953, ii, 542.

Smith, Dorothy M. In England and Wales. *Nursing Times*, 1953, **49**, 793.

Stocker, A. H. A Case of Replantation. *Brit. dent. J.*, 1953, **95**, 85.

Symonds, Sir Charles P. Nocturnal Myoclonus. *J. Neurol. Neurosurg. Psychiat.*, 1953, **16**, 166.

CHANGES OF ADDRESS

G. Dixon, M.B., B.S., "Norwood," 8, Grammar School Road, Brigg, Lincs.

L. L. Emery, M.B., B.S., 111, Whitchurch Road, Cardiff. (Tel. Cardiff 25076).

D. H. Forsdick, M.B., B.S., 9, City Road, Winchester, Hants. (Tel. Winchester 3599).

L. R. McLaren, F.R.C.S., Copthorne, 6, St. George's Avenue, Timperley, Cheshire.

J. H. Mayer, T.D., M.B., F.R.C.S., The White House, Bidborough Ridge, Tunbridge Wells, Kent. (Tel. Southborough 144).

I. McD. G. Stewart, M.D., M.R.C.P., 125, St. Annes Road East, St. Annes, Lancs. (Tel. St. Annes 2064).

G. A. Watkins, L.D.S. R.C.S., 1, Meadow View Road, West Ewell, Surrey.

BIRTHS

AMOS.—On 12th September, 1953, at Bromley Hospital to Solange, wife of Bernard Amos, M.B., B.S., a son (Martin).

GIE.—On 26th September, at Guy's Hospital, to Norma, wife of Michael C. Gie, a son (Gregory).

MARRIAGES

CRAIGEN–DRURY.—On 26th September, 1953, at St. Bartholomew's Church, Wanborough, near Guildford, Anthony Alan Craigen, M.B., B.S., to Molly Drury.

DIXON—WHITLEY.—On 1st September, 1953, at Scunthorpe, Lincs., Gerald Dixon, M.B., B.S., to Olga Patricia Whitley, S.R.N.

ROWAN—HARRIS.—On 19th September, 1953, at Farnborough, Kent, Theodore M. Rowan to Jennifer Mary Harris.

RUGGLES—CASSON.—On 11th July, 1953, at St. Andrews Cathedral, Singapore, Peter William Ruggles, Surg. Lt. R.N., to Margaret Casson, S.R.N., S.C.M.

DEATHS

BRAINE.—On 20th September, 1953, John Francis Carter Braine, M.D., F.R.C.S., of 55, Wimpole Street, W.1.

CRANSTON.—On 24th August, 1953, Henry Selby Cranston, L.D.S., R.C.S. of 99, Aigburth Road, Liverpool.

HARDMAN.—On 8th September, 1953, at Ryde, Isle of Wight, John Leycester Hardman, M.R.C.S., L.R.C.P., late Colonial Service, aged 31.

HARPER.—On 12th August, 1953, in Victoria, B.C., John Harper, M.R.C.S., L.D.S., aged 87.

MARTIN.—On 29th August, 1953, suddenly, whilst on holiday, Richard Spurway Martin, L.D.S. R.C.S., of Blue Fields, Wychall Lane, King's Norton, Birmingham.

ROWLETT.—On 13th September, 1953, Alfred Ernest Rowlett, F.D.S., R.C.S., of Narborough, Leicestershire, aged 76.

WATT.—On 14th August, 1953, in Canada, Walter Langmuir Watt, C.M.G., V.D., M.D.

EDS. { E.E.D.T. / P.S.B.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

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PASSIM

Medical History

THE training of the medical student encompasses the study of a range of subjects from Botany to Neurosurgery, each one vital and ever-increasing in its scope. Year by year, new-gained knowledge goes to swell the curriculum and to enforce reorientation of our existing ideas. It is unfortunate that at no time do we pause and look behind us at the contributions of the past and think then of our debt to our professional ancestors. Only the labours of a few enthusiasts prevent the roots of our sciences from being buried ever deeper by the relentless sands of time.

Dare we suggest then that yet another course of lectures be added to the groaning and sagging timetable, this time a course on the History of Medicine ? Admittedly there are some excellent books on the subject, but these will continue to be neglected by students who, rightly or wrongly, consider the wooing of examiners to be the primary object of undergraduate education. In spite of this, many of us would surely welcome a few occasional reminders of the past ; perhaps some account of the men whose diseases, syndromes and operations have invested them with eponymous immortality.

The pioneers who have left their names across the pages of the world's textbooks are ghostly figures already—who of us knows anything of the workers of the great descriptive age of medicine ? Their papers are the printed tombstones of Hand, Schüller and Christian, of Fanconi, of Lawrence, Biedel and Moon.

In Surgery, the men who have lent their names to operations are in peril of being remembered only by these single tokens. Consider, for instance, the pioneers of gastric surgery : few know anything of the personalities of Billroth, Polya, Finsterer or even the valvular Herr Hofmeister.

Without venturing abroad at all, we would relish some knowledge of our own alumni. It would be a pity for Sir William Gull and Sir Samuel Wilks to become mere inscriptions on boards above ward doors retained only for sentiment's sake. To show us how well our forefathers paved the road to modern medicine would be a gracious gesture by our mentors of today.

Just one hundred years ago the office of Superintendent of Guy's came into being, and it is appropriate that we should mark the centenary of an appointment which has become, during that period, an integral and essential part of the organization of the Hospital.

Dr. T. B. Brewin's remarkably objective and entertaining survey published in this issue, makes it clear that the Medical School and

the Hospital are closely associated in the history of this appointment (as indeed in so many other aspects of activity at Guy's) for no fewer than three out of the five Superintendents who have held office since 1853 were Deans of the Medical School immediately prior to their senior appointment : we refer, of course, to Sir Cooper Perry, Sir Herbert Eason and Professor T. B. Johnston, the last of whom we are delighted to see so often among us.

Dr. Brewin's account contains some hitherto unpublished material of great interest, and throws new light on the special nature of the Superintendent's position at Guy's—an office " which is not found at any other London teaching hospital." But therein lies the reason for the shadow of insecurity which, since the advent of the National Health Service, has touched this unique appointment : it is an insecurity which Dr. Brewin in his concluding paragraph plainly admits. Individual fruit is, unhappily, rarely gathered from the orchards of bureaucracy. There can, however, be no doubt at all of the Superintendent's immense value in providing the proper link between professional and administrative staff ; indeed the appointment of a qualified practitioner to such a post seems implicit in any broad concept of Hospital organization. Administration is, as it should always be, the handmaid of Treatment. The post of Superintendent at Guy's Hospital starts, this autumn, on what we hope is its second century of successful and popular service.

The Professional Nurses' and Midwives' Conference was held in London from the 12–16th October. It is pleasing to note how many Guy's men were taking part either as lecturers or Chairmen of meetings. They included Sir Geoffrey Marshall, Sir Heneage Ogilvie, Mr. McNair, Mr. Cook, Mr. Brock, Mr. Blaikley and Dr. Maclean.

We record with much pleasure the appointment of Mr. J. S. Tomkinson as Assistant Obstetric Surgeon. Mr. Tomkinson, who received his medical training at the Birmingham Medical School and, after graduation, at St. Thomas's Hospital, served overseas with the R.N.V.R. during the war. At present he is Resident Obstetrician at Queen Charlotte's Hospital, and Chief Assistant at the Chelsea Hospital for Women. He is assured of a warm welcome when he takes up his new appointment at Guy's in November.

We congratulate Mr. J. D. Trethowan, until recently an E.N.T. Registrar at Guy's upon his appointment as Consultant E.N.T. Surgeon to the Seamen's Group of Hospitals, Greenwich.

A lady lately returned from a holiday in Spain was admitted on September 22nd under Sir John Conybeare with pyrexia of unknown origin. Blood culture revealed *Salmonella typhi*. We believe this is the first case of typhoid fever admitted to the Hospital for many years. She has been treated successfully with Chloromycetin.

OBITUARY

A. E. ROWLETT, F.D.S.R.C.S., Eng.

A. E. ROWLETT, who died recently at the age of 76, qualified from Guy's in 1899. After holding an appointment as Dental H.S. he became an assistant to Mr. Badcock in Harley Street, later he left London and established a practice in Leicester, where for the remainder of his life he served as Consultant Dental Surgeon to the Leicester Royal Infirmary. From the beginning Rowlett took an active interest in the work of the B.D.A., serving as President of both the Eastern Counties and of the Central Counties Branches and eventually becoming President of the British Dental Association. Rowlett was also a prominent member of the International Dental Association, of which he was for many years the Treasurer ; he travelled to many countries on its behalf and he was often spoken of as an " English Ambassador at large." He represented this country in the International Health organization at Geneva. In private life Rowlett was a man of great charm and culture ; it was a pleasure to see him with his wife and children ; he was a keen churchman and took an active part in the life of the Diocese of Leicester. F.N.D.

GUY'S DIARY

OCTOBER			Exhibition. Dept. of Surgery. *Rectal Bleeding.*
M	19th	1.00.	Mr. R. C. Brock. Clinical Lecture. *Mediastinal Tumours.*
		1.15.	St. Luke's Day Service. Southwark Cathedral.
Th	22nd	1.00.	Mr. F. N. Glover. Clinical Lecture.
		5.00.	X-ray Meeting. Gordon Museum.
S	24th		Rugby. 1st XV v. Plymouth Albion (Plymouth).
M	26th		Rugby. 1st XV v. Paignton (Paignton).
Th	29th	5.00.	X-ray Meeting. Gordon Museum.
		6.00.	Pupils' Physical Society. Clinical Meeting.
F	30th	1.00.	Dr. E. R. Boland. Clinical Lecture.
		2.15.	Combined Round. Pre-Clinical Classroom.
S	31st		Rugby. 1st XV v. Old Alleynians (H.O.P.).
NOVEMBER			
M	2nd	1.00.	Mr. R. H. F. Brain. Clinical Lecture. *Surgery in Pulmonary Tuberculosis.*

PUPILS' PHYSICAL SOCIETY

The Annual General Meeting of the Society was held in the Physiology Theatre on Friday, 9th October. Dr. C. G. Baker was elected President for 1953–54.

Two meetings were provisionally arranged, the first, a clinical meeting on Thursday, 29th October, at 6 p.m., when Miss J. Platnauer and Messrs. M. W. Potts and M. D. Vickers will be Presidents. A joint meeting of the Guy's and St. Thomas's Hospital Pupils' Physical Societies will be held at Guy's on 12th November when Miss B. A. M. Allen and Messrs. P. S. Boulter and J. D. Broome will be Presidents and we will welcome here, as our guests, members of the St. Thomas's Society. It is to be hoped that all students, especially those in their clinical years will give this historic society their full support.

J. H. BAYLIS
P. A. LANE-ROBERTS } *Hon. Secretaries.*

Fifty Years Ago

From Guy's Hospital Gazette, 24th October, 1903.

DEAR SIR, . . . If any casual observer walks into the medical wards on any morning in the week, his attention will be drawn to a crowd—there is no other word for it—surrounding one of the medical registrars. And on closer inspection, he will discover that some fifteen of that crowd are Army Medical men. Now, Sir, much as we may desire a high state of efficiency in the Army Medical Service, still we maintain that the medical registrar is for the medical ward clerk. I myself have seen—and my evidence is also corroborated by others—a crowd of close on fifty men round a bed ; and have counted five medical ward clerks (first three-months' men) on the outside of the throng, unable to approach anywhere near the subject of the demonstration . . . . Yours very sincerely, HAROLD MANN.

(Dr. Harold Mann, who was himself a medical registrar at Guy's in later years, writes : " The very able medical registrar to whom I referred in my letter was Dr. H. S. French. There was no personal feeling in the matter . . . . at the time when I wrote the letter I was the Lane H.S., Willie (*later Sir William Arbuthnot*) Lane being then the senior Assistant Surgeon. Even after all these years I am still of the same opinion of the great value to the medical ward clerks of the medical registrar.")

THE SUPERINTENDENTS OF GUY'S

By T. B. BREWIN, M.R.C.P.

ONE hundred years ago, on September 7th, 1853, a resolution passed unanimously by the Court of Governors appointed a young Glasgow medical man, John Charles Steele, to be the first Superintendent of Guy's Hospital.

At a previous meeting, on August 4th, a special sub-committee had reported as follows :

That your Committee are of opinion that the Resignation of Mr. James Browell, the Steward of this Hospital, affords an opportunity of making changes in the administration of the Internal Affairs of the Hospital, and they recommend in order to effect such changes, that a person to be called "Steward and Superintendent" be appointed, to whom should be given, under the direction of the Treasurer and the Taking-in Committee, the entire confront and management of the Hospital, with power to enforce the Observance of all Regulations ordered by the Court of Committees or the Treasurer, and to suspend any Officer or Servant for neglect of Duty, such Suspension to be forthwith reported to the Treasurer.

That the person to be appointed "Steward and resident Superintendent" should be between the ages of 30 *and* 45 *years, and that preference should be given to a Candidate who at the time of his primary Election should be unmarried and without encumbrance. That his Salary be fixed at* £400 *per annum with a Residence and Coals and Gas Light—but with no other Perquisites or Allowances, and that he hold office during the pleasure of the Court of Committees and no longer.*

The post was then advertised and as a result no fewer than ninety-seven applications were received, the following details of the applicants being recorded in the Minutes of the next meeting :

Officers in the Army and Militia	*24*
Subalterns in ditto	*14*
Stewards of Clubs, etc.	*6*
Medical	*4*
Law	*3*
Dispensaries	*4*
Civilian	*27*
Stewards of Hospitals, Unions, etc.	*15*

Ten of these gentlemen were granted interviews, one of them being Steele himself who, in spite of his thirty-two years, was already serving as Medical Superintendent of the Royal Infirmary at Glasgow. Before the final choice was made, Mr. Dobree, the Treasurer, "*explained to the Court what he had learnt by his recent visit to Glasgow regarding Mr. Steele and the satisfactory manner in which the Infirmary was conducted under Mr. Steele's guidance.*"

The new Superintendent had spent all his life in his native Scotland and it seems likely that Guy's and even London itself were equally foreign to him. The names of several of the staff must, however, have been familiar to him. Guy's students were still flocking to the teaching rounds of Addison, now in his sixtieth year. Bright, a few years his senior, had resigned his post on the staff but remained an Honorary Consulting Physician. John Hilton was in his heyday as a surgeon and lecturer on anatomy. William Gull was an Assistant Physician of some two years standing, having been appointed in the year of the Great Exhibition.

One wonders what the new Superintendent thought of the buildings and equipment of Guy's compared with those of the Scottish hospitals he had left. Guy's House was now well over a hundred years old, still with its old wooden staircases and with the original flagstones in the Colonnade. In strong contrast, the newly completed central and southern portions of Hunt's House, in fresh white stone

and yellow brick, represented the most modern ideas in hospital architecture. In fact, the new block was referred to at this time not as Hunt's House but as the New Building. The expression " Hunt's House " had already been in use for over 20 years to describe the temporary accommodation which had had to be provided for an extra hundred patients under the terms of William Hunt's will. Nine months before Steele arrived, final touches had been put to the special " Warming and Ventilating apparatus," to which so much importance was attached, and to the gas-lighting (cost of the latter : £148). On December 21st, 1852, the first patients had moved in.

The Park, later to be formed by the merging of Queen Street with the " lunatics' airing ground " (the care of twenty lunatics was provided for under the will of Thomas Guy), did not yet exist. The College, ancient as it may seem to the Residents of today, was not to be built for many years. Indeed the first House Officer had not yet been appointed. St. Thomas's Hospital still stood on its original site opposite Guy's ; but seventeen years had gone by since the notorious free fight in an operating theatre which finally severed the union of the two medical schools.

This view of the front quadrangle at Guy's is unfamiliar to the present generation of students. It was taken about 1930 from the corner of the steps near the Front Lodge and shows the " Treasurer's House " (on the right), since demolished as a result of enemy action in 1941. The present Sarah Swift ward, a new prefabricated single storey building, now occupies this site, though part of the original 18th century wall facing St. Thomas's Street is still to be seen from the road.

At this time the Treasurer still resided in the hospital and the fine Georgian " Treasurer's House " on the east side of the front quadrangle, which became the Superintendent's residence in 1897, was not available to Dr. Steele. His residence adjoined it on its south

side and was conveniently situated next to his office, which was at that time where the entrance to Sarah Swift ward is now. A little later, when the original Front Surgery was established opposite the Front Lodge, this corner of Guy's House was turned into rooms for the dressers. At the same time the Superintendent's office was moved across the colonnade to its present site (previously occupied by the apothecary's shop).

THE ORIGIN OF THE POST OF SUPERINTENDENT

It is perhaps of some interest to explore the events which led to the appointment of a Superintendent at Guy's. In the first place it is necessary to appreciate the extraordinary administrative ability, foresight and energy of a famous Treasurer, Benjamin Harrison the younger, by whom the hospital was "ruled" for the first half of the nineteenth century. At the age of only twenty-two this remarkable man became a Governor of Guy's and four years later, in 1797, succeeded his father as Treasurer. "King" Harrison, as he was later to be called, was destined to hold this post without interruption until his resignation at the age of seventy-seven. Throughout this time, his personal influence and despotic but benevolent authority reigned supreme. It is clear from a study of the available records that he had a finger in every pie and voluntarily undertook a mass of work that might more properly have been performed by a salaried superintendent or house governor. Not only did he give his services without remuneration of any kind (as was inevitable by virtue of his position as a Governor), he frequently dipped into his own pocket in order to assist the promotion of his plans for the hospital. He had a great flair for recognizing talent in young men and was personally responsible for numerous appointments including those of Bright and Addison (neither of whom had been trained at Guy's). It seems that it was Mr. Harrison who supervised nearly all problems relating to the management of the hospital. The office of Steward entailed little more than "the material welfare of the inmates of the institution and the preservation of order within its walls".

In the Court Minutes for April 7th, 1847, we find evidence that it was Benjamin Harrison himself who first began to consider the problem of the future administration of the hospital. With characteristic foresight he was already concerned with what should happen after his death or retirement. It seems quite likely that he had already in mind the possibility of appointing a resident Superintendent. At his suggestion the following resolution was passed :—

"*. . . . that the Treasurer be authorised to employ and remunerate any Officers of this Establishment or other persons in conducting or performing any service for or relating to this Institution which is not required to be performed by a Governor and Trustee—That as the Office of Treasurer must be held by a Corporate Trustee, who cannot therefore be remunerated for his services, it is expedient that such Office should be kept free from onerous duties or such as require a larger portion of time in their performance than could reasonably be expected of any Governor who might in future be willing to accept that Office.*"

In October of the following year Benjamin Harrison resigned. In placing his resignation in the hands of the Governors, he added, "*that he had not availed himself of assistance offered to him in conducting the concerns of this Charity lest it might in any degree be found to interfere with more permanent arrangements*".

On October, 18th, 1848, two weeks after the Treasurer's resignation, it was resolved, "*that it is the opinion of this Court that a gentleman, who is not a Governor, should be appointed, with an adequate salary to superintend the internal management of the Hospital*".

A fortnight later, "*Mr. President stated that he had received a letter from Mr. Robert Hill who had been House Governor of the London Hospital upwards of 6 years, applying for the Situation of Superintendent*".

Why then did a further five years elapse before the appointment was made? It seems that no satisfactory explanation is available. A search through the Minutes of the Court meetings during the period 1848–53 fails to solve the mystery. One wonders whether strong opposition to the plan was raised and, if so, by whom? It can be imagined that the period immediately following Benjamin Harrison's retirement was a difficult one; and there is a certain amount of evidence suggestive of quarrels and dissension. For example, according to the *Gazette* of November 19th, 1892, the new treasurer, Mr. Dobree, "... without casting any reflection on his memory .... was not quite suited for his office." His relations with the Medical Staff were "not the most cordial" and, shortly before the first Superintendent was appointed, "were so strained that he declared he would dismiss all the officers and manage the hospital by paid residents."

Again, there is the letter to the Treasurer written by Mr. Browell, the Steward, when he resigned in July 1853:

"*Sir*," he wrote, "*I have been led by circumstances, to which I need not now allude, to entertain a wish to resign my situation as Steward of Guy's Hospital—and take the liberty of requesting you to make known to the Court of Committees this my desire—and at the same time to assure them that it is with great pain and reluctance that I withdraw from a retreat which promised at one time to shelter me for life—I hope that you will also inform them, that unless they furnish me with the means, I shall not be able to live in the comfort to which I have been accustomed—and as I cannot help hoping the Governors of Guy's Hospital would desire to see me live. I have the honor to be, Sir, your obedient Servant,*

James Browell."

Of the writer of this letter it was said some years later that "he had been a purser in the navy, and as he spent a large part of his time in walking up and down the colonnade, it was supposed that he regarded it as his quarter deck, from which he might keep a look-out on all that was going on around him. He could not therefore have been much in his office .... Be that as it may, when we read his letter one hundred years later it is difficult not to suspect an undercurrent of bitterness and bad feeling in the administrative affairs of the hospital. Incidentally, the governors later awarded him a pension of £200 per annum, but "*desired it to be distinctly understood that no Officer or Servant of this Hospital has any title or right to a Pension*".

DR. STEELE and SIR COOPER PERRY

When Dr. Steele took up office his task cannot have been an easy one. He had been appointed largely on the recommendation of the Treasurer, Mr. Dobree, who, as we have seen, was not on the best of terms with the medical staff. Apparently there was particular suspicion of the fact that a medical man had been chosen for the new post. "Great was the commotion excited by the new appointment," stated the writer of his obituary in the *Gazette* nearly forty years later, "and an attitude of opposition was at once adopted, before Dr. Steele arrived on the scene. We remember well the feeling aroused in the minds of Mr.

John Charles Steele
1853–1892

Hughes, Mr. Cock, Mr. Hilton, and Mr. Stocker". According to this writer, Steele soon showed that in fact he did not intend to interfere with the Staff. Some animosity persisted, however, and the following extract from the same article is perhaps worth quoting in full.

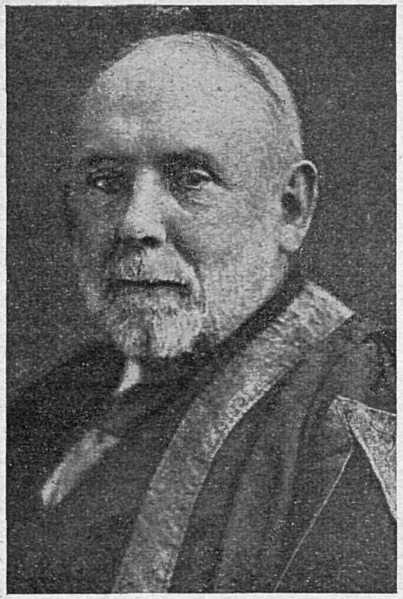
" Amongst the older members the prejudices could not be altogether effaced, and his coldness, Scotch accent, and thriftiness were often made a subject of discussion. We remember on one occasion, after Mr. Hilton had been lecturing, that he went straight to the Superintendent's office to speak of the danger of having a fire in the private dissecting room next to the Museum, which might endanger the whole building. Dr. Steele never rose from his seat, but in his native brogue said something equivalent to " it would not matter much ;" whereupon Mr. Hilton, in great wrath, said, " That's like your cold Scotch blood." We remember, also, once an appointment of House-Surgeon which Mr. Cock did not approve, whereupon Mr. Cock said the gentleman received it because he was a Scotchman. When Mr. Cock was told the man was English, he said, " Well, his name begins with Mac."

Although Steele remained Superintendent right up until the time of his death at the age of 71, we do not know a great deal about him. Probably his name would mean nothing to most living Guy's men had it not been for the recent publication in the *Guy's Gazette* (1948 and '49) of extracts from his " diaries ", compiled by a later Superintendent, Sir Herbert Eason, shortly before his death. With meticulous care Dr. Steele preserved all the reports which he made to the weekly meetings of the Take-in Committee during his period of office. They make fascinating reading, though perhaps the repetition of the more entertaining sections, such as those relating to incidents of drunkenness among nurses, gives the impression that hospital discipline at this time stood in an even worse state than was in fact the case.

From the information available there emerges a picture of Steele as a man without a great deal of drive, foresight, or imagination, but with a capacity for hard work, great care over detail, fairness, and a readiness to listen to those who approached him. He was probably too conservative in his outlook, chiefly owing to his eagerness to preserve the hospital funds ; but he was capable of promoting excellent reforms, particularly in connection with the conditions and training of the nursing staff.

In November, 1892, he was taken suddenly ill. Following a diagnosis of intestinal obstruction it was decided to perform an operation, but death occurred " immediately after the operation had been begun ".

This time there was no need to advertise the vacant post. According to Sir William Hale-White (*Guy's Hospital Gazette*,



Edwin Cooper Perry
1892–1920

December 31st, 1938), Dr. Perry, one of the Assistant Physicians and Dean of the Medical School, "astonished everyone by offering to become Superintendent; such a thing as a member of the Staff also holding this office had never been dreamed of in any hospital. The offer was gladly accepted . . . ." Within three weeks of Steele's death the Governors resolved to appoint Dr. Perry to be Superintendent, as well as Assistant Physician, "*provided that the Medical Staff are of opinion that the two offices can be combined without injury to the discharge of the duties of either*". Next month the medical staff replied that in their opinion Dr. Perry was "*well able to perform the duties of Hospital Superintendent in addition to those of Assistant Physician and Demonstrator of Morbid Anatomy*".

Sir Cooper Perry, as he later became, had a brilliant career. After studying classics, music and then philosophy he finally decided to take up medicine, qualifying at the London Hospital at the age of twenty-nine. While still a House Physician at his own hospital he successfully applied for one of three vacant positions on the staff of Guy's. So quickly must he have impressed his new colleagues that only a few months later he was appointed Dean of the Medical School. Thus, within three years of qualification, he had become head of one of the great medical schools of the country—a rise so rapid that it would seem almost unthinkable today when it has become the practice to demand a far greater degree of seniority for such posts.

Four years later, as Superintendent, Perry soon showed that he possessed important qualities which Steele had lacked. He was highly critical of the condition in which he found the affairs of the hospital and impatient to put his own ideas into practice. Guy's, he was quoted as saying, had been asleep for thirty years. Whereas Steele had striven to cut down on expenditure, his successor immediately set to work to raise more money. During his time at Guy's it was Sir Cooper Perry, more than anyone else, who was responsible for the establishment of the Dental School, the Massage School, and the Nurses' Home; for the building of the College and much of the present Medical School; and for the expansion of the Out-patient department. "His success as an administrator," wrote Sir Herbert Eason in the *Guy's Hospital Reports*, "was due to the fact that he always had a constructive policy of his own for every problem." The present system of Staff and School committees was largely his creation and was based on the principle that "no officer of the hospital should prevent free access of the professional staff to the Governors."

When Mr. Gladstone opened the College in 1890, the eighty

year old Prime Minister told Dr. Perry that his plans for the financing of the new project almost fitted him for the post of Chancellor of the Exchequer ; and, in fact, had he entered politics instead of medicine, it was precisely this sort of post which he might have attained. There were those who found his manner somewhat " abrupt and sarcastic." But there were few who knew him well who did not like and admire him.

Many other details of Sir Cooper Perry's life and character and of his greatness, both as clinician and administrator, may be read in the eloquent tributes to his memory which appeared in the *Gazette* and the *Reports* after his death in 1938.

It is a striking fact that when he retired in 1920 Guy's had had only two Superintendents in sixty-seven years.

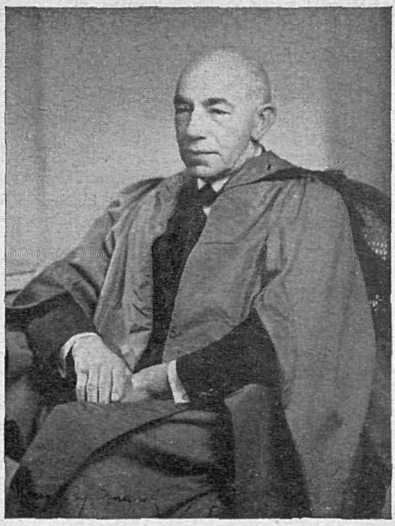
THE LAST THIRTY YEARS

Of the three Superintendents who have held office since the first World War little will be said, for the majority of Guy's men have known them ; and their achievements are still recent history.

Herbert Lightfoot Eason
1920–1937

Sir Herbert Eason, upon whom fell the difficult task of succeeding Sir Cooper Perry, resembled his predecessor in that he had been marked out for administrative responsibility at an early age. He was still in his twenty-ninth year (with an M.D. and an M.S. to his credit) when he was appointed Dean of the Medical School. At this time he had not yet been elected to the Staff and for over a year combined the duties of a Second Assistant in the Ophthalmic Department with those of Dean. There were other ways in which he resembled Sir Cooper Perry—for example in his outstanding intellect, his insistence on the proper use of words and their precise meaning, and his detailed knowledge of the inner workings of every hospital department. In 1937, on his retirement from the posts of Superintendent and Ophthalmic Surgeon, he became Principal of London University ; and for the last ten years of his life acted as President of the General Medical Council, a post which gave scope for his immense experience and powers of judgment.

Professor T. B. Johnston, who succeeded him, had been Dean of the Medical School for the major part of the years between the wars. After qualification he had spent seven years as Lecturer in Anatomy in the University of Edinburgh. He then came to London and in 1919 was appointed Professor of Anatomy at Guy's. His term of



Thomas Baillie Johnston
1937–1948

office as Superintendent was dominated by the difficulties and upheavals of the second World War. A vast amount of reorganization and improvisation became necessary. As a Group Officer of the Emergency Medical Service his war-time headquarters were at Orpington. Dr. Peter Bishop, his Deputy Superintendent, lived at Guy's itself during this time and dealt with local problems, in particular those arising from the vicious air attacks of 1940–41, which destroyed the old Treasurer's House and with it much of the beauty of the front quadrangle.

In July, 1948, at the same time as the National Health Service came into being and Guy's was taken over by the State, Mr. Doherty—the present Superintendent—took up office. He had been Genito-Urinary Surgeon to the Hospital for a number of years and, of course, actively continues as such.

This arrangement, by which the Superintendent is at the same time an active member of the Consultant Staff, is not found at any other London teaching hospital. The usual position is that a layman, who is known by some such title as "House Governor" or "Secretary Superintendent," is in sole charge of administrative and financial affairs. At Guy's the Superintendent, the Clerk to the Governors and the Matron are of equal standing and are jointly responsible to the Governors for the management of the Hospital. It remains to be seen whether this practice, which originated (perhaps more by accident than design) in the last century and which has since become traditional at Guy's, will survive in the years to come.

William David Doherty
1948–

ACKNOWLEDGEMENT

I should like to thank all those in the Superintendent's office and in the Counting House who have helped in various ways with the preparation of this article.

PSYCHOTHERAPY

By J. P. CRAWFORD, M.D., M.R.C.P., D.P.M.

(From personal experience largely in York Clinic and Snowsfields)

MAN learns and adapts himself to his environment, internal or external, and discussion often helps him to do so. The ill, however, find it less easy than the healthy to adjust themselves in this way and therefore require skilled help. As far as discussion, or personal influence, is concerned, energetic attempts to get into touch with even severely disturbed psychiatric patients does have its effect as Rosen (1947) has shown, although the expenditure of time and energy may then be great compared to the returns obtained.

Although economy is not everything in medicine—or many therapeutic measures would have gone by the board long ago—the figures given here relating to this aspect of psychotherapy may be of interest to many. In this article they are used mainly as a suitable introduction to the discussion, in very general terms, of other aspects of this form of treatment. Once reassured on the economic score many individuals may however become more interested in the details of psychotherapeutic technique.

Study on a Group of Out-Patients

Of a sample of 100 consecutive adult patients seen by the author, 55 were managed by him with psychological treatment entirely in the hospital out-patient department, 29 were returned to their general practitioners, or other sources, with recommendations and only 16 had to be admitted to hospital at some stage of their treatment, one via a mental observation ward.

Of those treated by out-patient psychotherapy at the hospital, more than a quarter fully recovered and another third were very much improved when treatment was concluded, results which invite comparison perhaps with equivalent activities in surgical, medical or other out-patient departments. When the study ended, between one and two years after the conclusion of treatment, the patients followed appeared to have maintained their recovery or improvement.

The time necessary to produce such results was not excessive. Where there were no complicating factors (such as having been under more than one therapist, an unavoidable feature when registrars leave or change firms), the average number of interviews per treated patient was seven, although it varied between one and 23, figures much the same as those given by Curran (1952) and Neustatter (1951). The length of each therapeutic interviews worked out on an overage to be a quarter of an hour per patient if the initial interviews of half an hour were omitted from the calculation, although again the variation was marked since interviews lasted anything from a few minutes to an hour according to the patient and to his circumstances. Frequency of interviews also varied with the therapeutic circumstances, and in this group was very seldom greater than once a week, and then only as a temporary measure to tide the patient over some particular emergency. Most often, particularly at the outset, frequency of interviews proved to be of the order of once in two weeks, but not uncommonly, especially later in treatment, intervals of a month, or even longer were considered satisfactory. Duration of treatment in this series (again excluding those cases with complicating factors) was usually a matter of weeks to months, roughtly equal numbers attending for periods of 1, 2, 3–4, 6–8 and 10–12 months respectively, but a few for longer.

More informative than the above analysis perhaps might be a statement of the *total* time expended by the therapist on each patient, but such figures cannot be provided since the length of each interview in this group was not recorded. In a few patients however some estimate could be made. An example is provided by a young man, exhibiting a severe depersonalization state verging on the schizophrenic which prevented him from working while it lasted, who recovered completely with out-patient treatment in 10 months. The total expenditure of the therapist's time on this patient was about seven hours, but it should be added that for success much depended on the efforts and sensible co-operation of the parents. This patient was admittedly one of the more severely ill in the group treated entirely through the out-patient department.

With regard to the patients referred back to general practitioners, Watts and Watts (1952) from their own experience estimate that the successful treatment of many such psychiatric patients in general practice takes less time per patient than the overall care of obstetric cases.

The table below indicates the main feature of the mental state encountered in each patient of the group studied here, i.e., the aspect towards which psychotherapy had to be directed. There were, of course, also accompanying diseases of varying severity and of differing ætiological relationship to the psychological disorder.

Mental State	*No. of Patients*
Depression	27
Anxiety	21
Agitated Depression	19
Hypomania	1
Schizophrenia	6
Hysteria	7
Hysterical Personality	11
Obsessional Neurosis	5
Mental Deficiency	2
Presenile Dementia	1
Total	100

Therapeutic Energy and Technique

Time spent is of course not the only factor in psychotherapy. The quantity and the mode of application of therapeutic energy has also to be considered. Psychotherapy requires effort and can be exhausting ; possibly this is the reason why many feel disinclined to undertake it, although the fact that results may frequently only become gradually apparent probably more often lies behind such reluctance. In vigorous intervention psychotherapy can, however, approach surgery—to which it has been likened before (Curran, 1952).

Distribution of therapeutic energy depends upon technique. The therapeutic results claimed above were obtained almost entirely by methods described in Price's *Textbook of the Practice of Medicine* (O.U.P., 1950). It should be realized of course, that general rules, concepts and description of psychological treatment such as are given there, require clinical experience to embody them with real meaning, and it may be preferable, though possibly ideal, that such experience should always be gained under supervision. The complexity of psychiatric phenomena can at times deter even the most enthusiastic beginner if there is no expert to turn to in need, but it is as well to remember also that there is certainly no dearth of patients awaiting treatment.

As an adjunct to personal therapeutic experience, it can be useful also to consider the gambits used every day by most of us to smooth the course of ordinary human relationships ; and even comparison with the management of animals is not altogether without point. Croft (1951) describes neurotic disturbances in farm animals, and Masserman (1951) has shown that principles of psychotherapy fundamental to the treatment of human beings are as applicable, in simple form, to the successful management of neurosis induced in experimental animals.

The practical difficulties encountered in developing a psychotherapeutic technique by example, may have deterred many from such a course. Such difficulties, arising mainly out of the patient's understandable reticence when in company, no doubt also hinder to some extent the airing of as much healthy criticism as has proved so beneficial to other therapeutic techniques, e.g., surgical. Psychotherapy might, however, take a leaf here from the surgical book with advantage.

The surgical patient is of course anæsthetised and unaware of any audience. Psychotherapy can, however, if it be really necessary, ensure similar conditions by the use of one-way screens (Millar and Valentine, 1952). In Snowsfields the light wooden partition was at times useful in this way. The therapist will of course want to know who is observing the " operation " much as the surgeon who looks up to the balcony and around him. To require such preliminary information may be, for surgeon or psychotherapist, a question of professional ethics, but must more often be to assess the standing of the audience to which he is demonstrating. On occasions when the patient need have or has no reticence, others can be in the room together with him and the psychotherapist. Spence (1949) describes the benefits of this procedure for undergraduate and nursing training.

What is it that the psychotherapist demonstrates under such circumstances ? Partly the knowledge of what he will find (much as the surgeon can foretell with reasonable accuracy that the appendix will be inflamed) which Spence calls " pronoia " and illustrates with a simple example, partly his technique in finding it and also in dealing with what he finds.

When demonstrating, particularly if the patient is not present, it can be useful to draw simple analogies to activities in other branches of medicine. Thus the student who finds the subject matter of psychotherapy " sordid " may be asked to consider how he became so inured to the sight and odour of purulent discharges in the surgical wards. He is often further helped to avoid revulsion, unhealthy interest or embarrassment when it is necessary to enquire into the history of a patient's sexual activity or development, if such matters are discussed and recorded in unemotional terms. Analogy can also be used to emphasize that although psychiatry has its quota of constitutional disorders, e.g., hysterical personality, treatment can still be aimed at improving the patient's circumstances. Such constitutional disorders may underlie more acute episodes of mental illness, and the situation can then be compared to the way in which chronic rheumatic heart disease may underlie repeated episodes of cardiac decompensation. The acute episodes in both instances are treatable and may to some extent be prevented, but it is as well to recognize that not many of us yet feel prepared or able to tackle the basic pathology.

Surgery and obstetrics provide some psychotherapeutic procedures with better analogies than does general medicine. The conversion, as Symonds (1941) describes, of hysterical symptoms into affective disorder may be the first stage towards cure, as much as the version of a transverse lie to a breech may in obstetrics be a preliminary to proper delivery, or reduction of a fracture necessarily precede its being held in true alignment to heal. Moreover the more immaculate the reduction and the steadier the immobilisation the more perfect is the functional result other things being equal. Here clumsiness and lack of sensitivity are equally a disadvantage as in any therapeutic procedure but both can be overcome with determination and practice. In the analogies given it is preferable when it is painful, that the patient be unaware of the therapeutic step at the time.

The equivalent in psychotherapy is doing what is psychologically right in treatment without saying so, or in extracting psychopathology without the patient's full knowledge, e.g., by projection techniques or by narcoanalysis, and these procedures, therefore, have features in common with surgery under anæsthesia. Pain, it should of course be remembered, is at times unavoidable when proper treatment precludes anæsthesia, as for example in the lancing of some quinsies or in the insistence on some personal effort by a patient during psychotherapy. The ultimate and lasting relief, whether surgical or psychiatric, is however, worth some transient unavoidable discomfort, although this should be alleviated whenever and to the degree therapeutic considerations allow. Control or restriction of a patient's activities for example has to fluctuate with the changing clinical state to maintain maximum independance short of endangering the patient needlessly.

Special or General Practitioner

To an extent all doctors are frequently psychotherapists whether they recognise it or not, and of course any doctor is entitled to give such treatment if he feels it necessary, always bearing in mind that there may be local specialist time and skill available. Psychotherapy reaches in difficulty from, on the one hand, the explanation given by any good doctor to a patient who has come for reassurance that some symptom is without serious significance (although, as Spence (1949) indicates, to do so it has to be realised that this is really why the patient has come), or explanation —even to children, in suitable terms—of the nature of some illness the patient is better able to put up with or fit into his life when better understood, to the management of labile mixtures of hysteria and depression in out-patients, or of difficult schizophrenics in hospital. The latter types of condition must usually be the concern of the psychiatrist, and it is important that he should leave the former to his colleagues whose interest it has always been, as much as in nursing the straightforward comforting of patients has traditionally been that of the *general* nursing staff.

Sometimes particular experts are the most effective. It was found necessary for example with a girl who was quite groundlessly convinced that she was a man and wanted to attain that end more completely by means of surgery, to obtain the opinion of an endocrinologist, whom the patient knew by his wide reputation, in order to counter the strength of the conviction making life so intolerable for her. Once she had his opinion—and only his would do—she no longer required medical assistance. A simpler example is provided by the medical student with affective disorder whose degree of clinical experience as well as his special circumstances of training may not enable him to dispose of morbid fear about his health without reassurance from a specialist.

In psychotherapy, the experts required are not always medical, for co-operation with solicitors is desirable, for example, where legal problems impinge on the mental state, and religious preoccupations may of course necessitate the assistance of the clergy (Giddey, 1952) although the latter may have no right of access to the medical notes.

Within the profession consultation between specialists is often important where the patient's welfare is concerned. Thus a middle-aged research chemist of life-long obsessional personality and previous obsessional illness developed severe claustrophobia when placed in a plaster jacket during the treatment for prolapsed intervertebral disc. This patient was determined to keep his plaster on for the required period and succeeded in doing so despite the fact that quite severe asthma and insomnia accompanied his claustrophobia. This, to him vividly alarming experience, he afterwards compared literally to "like living in a drain pipe", although within a week of removal of his plaster he had completely recovered his former degree of calm.

A woman of 37, whilst under psychiatric out-patient care for a predominantly obsessional illness, became pregnant following a gynæcological operation on some abnormality which, at least in retrospect, seemed to have had a contraceptive effect for many years. The prospect of caring for a child provided the added burden to this patient's obsessional make-up and, as in both previous puerperia, she became suicidally depressed. Leucotomy and electroplexy were both contra-indicated and termination of this pregnancy with sterilisation was performed. It is conceivable that closer co-operation might have anticipated this outcome and avoided it, although the factors to be considered were admittedly many.

Nursing

Psychotherapy, like surgery, does require good specialised nursing between the operative manoeuvres.

During in-patient treatment it may be as useless to continue regular psycho-therapeutic sessions without regard to the patient's experiences in between, as it might be to undertake surgical operation without post-operative care. The psycho-therapist has to indicate to his nursing staff his desires in this respect, e.g., whether the patient should have continued reassurance and support or be left alone to think over the content of the interviews, encouraged to be more sociable, suitably occupied or habit trained, or protected from irritating social contact, conversation, noise and activity. In regulating the patient's day from this therapeutic point of view, catering for individual needs should be to the fore.

Patients with acute confusional states often prove most rewarding to nurse since the prognosis is good and the illness frequently short-lived (Romano and Engel, 1944). Calmness, essential during such management, is best borne of under-standing and the nurse who understands her patients' mental mechanisms will find it easier, by knowing what to do, to maintain this frame of mind. In other mental states as much as in acute confusion, the patient's feelings, motives or thought processes—or all three—may need to be studied if nursing is to be effective. For example, a woman with a puerperal psychosis with moderate confusion of thought and guilt feelings over her child suddenly became more acutely disturbed and difficult to manage when she read in a woman's magazine, given to her with the best intentions, a story purporting to depict how a child came between husband and wife. A patient, much of whose disturbance affected sexual feeling was best kept out of all contact for the time being with the opposite sex ; a depressed patient who retained her urine in the mistaken belief that she would otherwise flood the ward, was better managed by repeated encouragement, explanation and reassurance that small quantities could be passed frequently and that the nurse would clear up any overflow, than by having resort to catheters ; a patient who thought her relatives had been killed by her attendants was the calmer for being able to have visitors at regular intervals.

To decide and appreciate such matters the patient may have to be understood in some detail and records of psychotherapeutic interview may in this respect be as necessary to the staff as records of surgical operation. In both cases, however, every little detail cannot be recorded and even if there is time to consult them, records may prove inadequate subsequently in indicating the proper procedure to adopt in a post-operative emergency. As in surgery, this difficulty is usually overcome by the medical staff, who may have seen or assisted at the operation, and who ensure continuity between theatre and ward.

Apart from measures recommended by the doctor for particular patients, the

general atmosphere in the patient's day-room is as important as are the general antiseptic precautions of a surgical ward. Sustained jollity is as undesirable here as apathy and discontented inactivity, relieved only by electroplexy, occurring at relatively infrequent intervals. At the same time an atmosphere of excessive and uninspired " institution " regimentation must be avoided as much as its reverse, i.e., complete " hotel " laissez-faire. It should not be possible for patients to lose all sight of the fact that they are under treatment and that this is planned to achieve their discharge from hospital at the earliest opportunity, to surroundings best calculated to maintain or further promote their recovery or improvement.

Some nursing acticities in psychiatry may have features as much in common with the isolation of cases of infectious disease as with surgical cases. Thus patients have to be protected as far as possible from developing emotional entanglements when they are ill which they would find embarrassing when well again or from confessing sins, real or imagined in the wrong quarter, in speech or writing, or from opportunities for extravagance or an increase in flirtation in hypomania. This is the sort of protection a patient should be able to expect as part of the management he will receive in any good hospital. Close co-operation between psychiatrist and nurse may be necessary if effective vigilance of this sort is to be maintained.

The loss of liberty implied in the isolation of psychiatric patients is seldom worse than that suffered in any illness necessitating admission to hospital or confinement in the home (Rees, 1952). A patient with smallpox could hardly refuse to be isolated although it is, of course, easier to get his co-operation. It may surprise some how often this is also possible with psychiatric patients especially when relatives and friends co-operate. As to the more disturbed, it should be remembered that patients in coma from any cause do not have to acquiesce to their own admission to general hospital or to their treatment there, and " certification " in the mentally ill is in this respect comparable. Very occasionally, as in some excited, noisy patients, isolation may have to be for a while complete in a padded or sound-proof room. It might not, however, be beyond the ingenuity of architects, acoustic engineers and others to design such rooms so that they do not offend the susceptibilities of psychiatric patients or of their friends or relatives.

In out-patient departments as much as in the wards, nursing is important to psychological treatment, whether this be in observation, care or preparation of the patient whilst waiting, assistance at out-patient procedures or the calm and reassuring way in which the patient is seen off the premises following physical treatment or psychotherapeutic interview. The last is as necessary and effective as the application of a dressing following minor surgical operation. Release, whether of emotion or of pus, requires after-care. Proper reception and the efficient running of waiting and consulting rooms have particular benefit for psychiatric out-patients. Punctuality and cleanliness, for example, as in ward routine, may especially relieve the fastidious or obsessional.

A *normal* environment can influence quite severely disturbed patients very much for the better as has been indicated by Lewis (1936). It was largely for this reason that the severely depersonalised almost schizophrenic youth mentioned earlier, and others, were treated entirely as out-patients. In such cases of course those who are not trained nurses but who are prepared to co-operate, e.g., relatives, employers or friends, require particular instruction.

Risks, as of suicide or violence or of possibly less grievous happenings such as extravagance or emotional attachment may not be easy to control in out-patients, and as Maclay (1953) indicates, psychotherapy under such circumstances is possibly not at times without mortality rate. Many might prefer, however, to accept such risks if the illness were thereby likely to be shortened to the degree Lewis' (1936) findings suggest. The risks should naturally be explained beforehand to responsible relatives, so that they are accepted knowingly. In the event of suicide whilst under out-patient treatment coroners have agreed that such a course was reasonable and deliberately taken in the patient's real interests, as long as there was no question of negligence, or doubt that such a decision was made in good faith. Mortality in out-patient psychotherapy depends as in surgery upon the skill of the therapist, both in the selection of suitable patients and in his dealings with them.

Social Work

Whether it be in the production or in the relief of psychiatric disorder, the external environment can both alter the patient and be altered for him or by him. Everyone, and not only the sick, is moreover a product of his society (Lewis, 1951) and society has a complex and changing structure. Although part of it the doctor

more concerned with the physiological and pathological concepts of his long and specialised training, may not always be informed on points of varying cultural detail. This, however, is where the Social Worker assists him, as, to understand the circumstances of a patient, a knowledge of social legislation or local custom, amenity or regulation may be necessary, and all may have to be considered in treatment.

Psychiatric social work is not, however, identical with that of the Hospital Almoner. The relationship is equivalent to one existing between general and specialised nursing. Wide experience with and a good grasp of mental abnormality is essential, if the efforts of Psychiatric Social Workers are to be rewarded with success. How effective the visits of a P.S.W. to the patient's usual environment can be, whether to collect information necessary to the proper evaluation of a case or to be effective in treatment, has been dramatically shown by Schmidt, Wibroe and Jacobsen (1953) in their treatment of alcoholics in Denmark. Such activities, of course, imply a degree of local knowledge possibly only to be obtained through reasonably long acquaintance with the region concerned. They may also be the link, often necessary in out-patient treatment, between the doctor and those who may be providing supervision and care in the patient's usual home or work surroundings.

ACKNOWLEDGMENTS

I am indebted to Dr. T. A. Munro for advice on the simple presentation of the few statistics, and to him and Dr. D. Stafford-Clark for suggestions as to the possible uses to be made of collected material.

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GOVERNORS' AND STAFF DINNER

Once every two years—wars and post-war shortages permitting—it is the custom at Guy's for the Governors and Staff of the Hospital, Medical School and Dental School to dine together. This they did, for the second time since the War, on Friday, October 2nd, when there were gathered together at Claridge's in Brook Street no fewer than 249 persons, a figure roughly double that of pre-war years. Those present included members and ex-members of the Board of Governors, co-opted members of Committees, Consultants and Consultant staff *Emeriti*, medical and dental registrars, School staff, research staff, and about a dozen guests. The latter included the Minister of Health (Rt. Hon. Iain Macleod, M.P.) and other chief officers of the Ministry ; the Presidents of the Royal Colleges of Surgeons and of Obstetricians and Gynæcologists ; and the Master, Deputy Master and Clerk of the Clothworkers' Company, whose generosity permits an annual exchange of consultants between Guy's and the Johns Hopkins Hospital in Baltimore.

It was a most successful evening in which the excellence of the food and wines

were matched by the wit of the speakers (albeit a wit which once or twice forgot the presence of three ladies amongst the serried ranks of white shirt-fronts and dinner jackets). Following the toast of Her Majesty the Queen, which was proposed by the Chairman (Lord Cunliffe), Sir Cecil Wakeley proposed that of " Guy's Hospital and its Schools." Both he and Mr. E. G. Slesinger who replied, directed a number of their more serious remarks at the Minister of Health and his officers. In particular they both put in a strong plea for the Part-time Consultant whose position in the National Health Service they feared might come under fire in future years, especially if a certain ex-Minister has any say in the matter. Mr. Slesinger was in great form and can rarely have made a better speech. His parody of a Ministry directive was as delicious as any item on the menu. When Mr. Macleod, who had looked a trifle solemn through all this, rose to reply on behalf of the guests we were hardly prepared for the penetrating wit and easy charm with which he counter-attacked on behalf of his Ministry. This was a delightful speech. However, in spite of Mr. Slesinger's invitation that he should do so, he would not be drawn into making any pronouncement as to the long-awaited building of the new Guy's.

CORRESPONDENCE

Letters to the Editor of the Gazette

" Trolleying "

From Mr. T. B. Layton

SIR,—I like to think myself a specialist in lifts—and trolleys which came as a consequence of these—at Guy's, bacause the first electric lift, that by the stairs in Guy's house near the end of the government offices—which were then Cornelius ward—came into function on July 1st, 1904, the day after I had ceased to be surgical ward-clerk. I belong therefore to a little band of heroes, eight in number, who were the last to carry up and down to the threatres every case that needed operation ; as well as cases from the surgery during take-in week after the porters had gone off duty. Perhaps the last case thus taken up was a twenty-stone brewer's drayman with D.T.s who had to go from Corney up to the strong-room which was situated in that little extension of Samaritan ward now called Good Something. My stable-mate was Arnold Alcock, who has just attained to a shrievalty down in the West Country. Now Arnold was a perfect devil on the football field, radiating energy, which, for this purpose, he had to husband on all other occasions, with the result, that as usual I had the heavy end, and for some reason or other, I think suggested by him, we took the case up feet foremost so that Alcock was gaily going up, just tickled by the patient's toes, while I was gazing at the vast torso of the drayman and leaning over a red, sweating, vociferating, filthy head, and at the end, I am pretty sure he cursed me for being a lazy devil because I did not come up faster.

The stretcher we used consisted of two poles kept apart by an iron bar at each end with iron rings that went over these poles after they had been pushed through a tunnel on either side of the canvas. Sometime, somewhere, looking through a schedule of equipment, an ordnance table or one of the old M.A.B., I found these listed as " Guy's pattern " so I suppose they must have been invented in our hospital at some time in the dim past. When carriage by the lift succeeded to hand carriage on 1st July, 1904, this was at first put on the floor ; but it was soon recognised that this was rather dark and dreary—and even frightening—for the patient on the way TO (on the way FROM he had no thought on the matter) and so in next to no time the works department had invented and constructed a little carriage to bring him up into the light, and this remained, at least until six years ago, as the lower part of the standard trolley, which apparently is now to be retroceded back to what was before.

Let me warn future ward-clerks. There is a possible snag. In those days of long ago many of the patients walked up ; but they had to be carried down again and this needed a liaison between the ward and theatres, so that the nurse in the latter could prepare the operating table with one of these canvases underneath. Sometimes however the patient's courage failed him or her and after all was carried up. Then the theatre nurse had to remove this or there would be two such canvases there. This once happened to Arnold Alcock and me. The patient was a frail little old lady admitted under Mr. Symonds for varicose veins. The operation was in the old theatre dating back before anæsthesia. The first contretemps was that the dresser had omitted to mark the veins with eosin; perhaps he had thought the

walk up stairs would bring them out, but, whatever he thought—a dangerous habit in dressers though useful in ward-clerks—they were quite invisible when under the anæsthetic. Mr. Symonds was a little bit peeved—the furthest he ever went, I never knew him to appear cross—but removed bits here and there. Then Alcock and I came with the two poles and put one in each side ; but put them into the different canvases, and when we lifted the stretcher everything on it slid gently on to the floor, the lady herself coming with a crack on to her elbow. Alcock, being as usual at the foot-end, knew nothing about it and started to move off, while I, at the head, saw the two canvases hanging from the poles like banners at the Coronation. There was some anxiety about a fracture of the olecranon, but that we were spared. The lady had no pain in her leg but could not understand why her elbow hurt so much. Poor Mr. Symonds! She was a very special patient, a senior servant in some great house or something like that.

The " flying sheet " did not come in as a result of this and I have no memory of when it did. It was certainly considered a great advance. Perhaps someone who was a ward-clerk between then and now can tell us.

Yours, etc. T. B. LAYTON.

" Would you like ?"

SIR,—I hope that "Pedantic Patient" does not assume this signature out of shame. At a time when so much of the spoken word lacks precision and sometimes meaning, the quality of pedantry does not deserve obloquy nor the pedant anonymity.

Too often I share your correspondent's emotions when, on observing that some surgical or electrical instrument handed to me does not work, I am answered, " It should be working. It was working just now " or worst of all, " It worked last week." These perplexing rejoinders to a matter of circumstance, like the obliquities implicit in your correspondent's examples, would have met with short shrift and a long disquisition on the proper use of the English language had they occurred in the operating theatre or the out-patient department of one of the great Guy's pedants of recent years. I am thinking, of course, of Mr. T. B. Layton.

22 Southernhay West,
Exeter.

Yours etc.
RAYMOND HINDE.

REVIEW

William Cheselden. By SIR ZACHARY COPE. E. & S. Livingstone. *Price* 20*s. net.*

It is one of the puzzles of history that stone in the bladder, which is today a disease of considerable rarity, presented the commonest surgical problem in Europe during the 18th century. It might be suggested that these stones were formed in diverticula in the victims of chronic prostatic obstruction, but in that case they could not have been extracted by the comparatively crude methods of cutting in vogue at the time.

William Cheselden is a great figure in the history of surgery. He was known above all for his success in cutting for stone, in which he acquired a world wide reputation. The operation he practised was that of lateral lithotomy, an improvement on the method of Frere Jacques, the itinerant quack—a blind, bloody and traumatic approach, but one which held the field at a time when any operation on an unæsthetised patient must be done in a matter of seconds, and when infection made the risks of the much simpler suprapubic approach prohibitive. He was equally well known as an ophthalmologist. He practised the operation of couching for cataract, and invented that of iridectomy. He was an outstanding figure in his time, surgeon at St. Thomas's Hospital, and friend of Pope.

But Cheselden's claim to be remembered rests, not on his operative skill, but on his place as the first of the scientific surgeons, the man who first attempted to put the training of a surgeon on a sound foundation. He instituted systematic courses of lectures in Anatomy, in conjunction with which he published a dissecting manual that remained in use for a hundred years. He was the prime mover in the formation of the Incorporated Company of Surgeons which later became the Royal College of Surgeons. He was the man who trained Percival Pott and John Hunter.

Sir Zachary Cope has gone to great pains to give us a complete and accurate account of this great man, and he has presented the story with that literary skill which we have come to appreciate in his professional writings. W.H.O.

SPORT

RUGBY FOOTBALL

Guy's 1st XV *v.* Blackheath
Result : Lost 8–15
September 26th, 1953

Blackheath's final score was rather flattering as Guy's were a little unlucky to lose in the closing few minutes after holding the lead for most of the second half.

E. D. Estcourt kicked a penalty for Blackheath after ten minutes of play and Howells replied with a penalty shortly afterwards. Then Pett kicked a dropped goal shortly before half time to put Blackheath a lead 6 points to three. Fairweather looked well but the hospital scrum was repeatedly pushed off the ball after having heeled it.

Guy's started off the second half with great dash and there were several attacks on the Blackheath line and finally Fairweather found himself over the line for a try which Howells converted.

In the last five minutes Guy's just seemed to crack and from a line-out five yards from the hospital line N. Glyn Davies went over for an unconverted try. Then shortly afterwards Blackheath's always dangerous fly half Birrett dropped a goal and C. T. Lewis followed up with an unconverted try.

Pook and Fairweather were outstanding among the forwards.

Guy's 'A' *v.* Coventry Extra 1st
Result : Lost 6–8
September 26th, 1953

It was a hard fought game in which in failing light Guy's nearly snatched a victory. After a shaky start the hospital backs settled down well and it was nice to see good strong tackling. Coventry kicked a penalty in front of the posts for a scrummage infringement and Guy's replied a few minutes later when Carroll kicked a penalty goal in similar circumstances. From an interpassing movement between the Coventry forwards they scored a try which was converted. Guy's hooked the ball well in the tight scrums but were not so successful in the loose. Glendinning and King were always predominant in the pack.

Coventry led by 8 points to 3 at half time.

Soon after half time Hawley made an opening and passed to Osborne who broke through and then gave the ball to Hackett to score about 15 yards outside the posts. Carroll failed to convert. With Guy's continually attacking the Coventry line the whistle went and Coventry won by 8 points to 6.

HOCKEY

Guy's 1st XI *v.* South Saxon 1st XI

Result—Draw.
Guy's 2—South Saxons 2

Guy's travelled to St. Leonards for their traditional first match of the season against the South Saxons.

On a pitch in perfect condition a fast game ensued, both sides originating and developing movements which produced interesting and open hockey.

Directly from the bully-off the hospital attacked and following a good run by Hall on the left wing the South Saxon goal nearly fell but a judicial kick by the keeper saved the situation.

As the game progressed the hospital half-back line took a firm grip on the game and for a period dominated the play ; just before half time, however, a good pass by the Saxon's inside-left found the hospital backs out of position and their centre-forward scored. This goal was scored against the run of the play and on the few previous occasions that the services of the Guy's keeper had been required he had demonstrated his ability to kick hard to touch.

After half time the nature of the game changed and Guy's played the less skilful hockey ; for this the half backs, with the exception of Ackery at left-half, must take the blame. Instead of hitting hard and intermixing the through pass with the cross pass as they had in the first half the tendency was to attempt to dribble past their opponents which if unsuccessful left one side of the field open.

Within five minutes the Saxons further increased their lead again through their centre-forward.

From the bully Guy's attacked determinedly and Willis forced his way through a crowded circle to hammer the ball into the net. This goal seemed to revive the hospital and once more the hockey became fast and open. A nice pass to Willis near the twenty-five yard line split the defence and the same player a moment later pushed the ball to Millar who scored.

The remining minutes of the game saw both sides making strenuous efforts to score but the final whistle sounded with both sides having two goals to their credit.

Roberts, a newcomer to the hospital, made a promising debut in goal and Hall on the left wing has considerably strengthened the forward line.

Scorers : Willis 1, Millar 1.

Team : E. S. Roberts ; K. Tyrer, H. M. Tuddenham ; W. R. O. Eggington, R. W. Elsdon-Dew, D. Ackery ; Cryer, R. R. Paul, M. Willis, J. I. Millar, J. J. Hall.

Guy's 2nd XI v. South Saxons 2nd XI. lost 1–4.

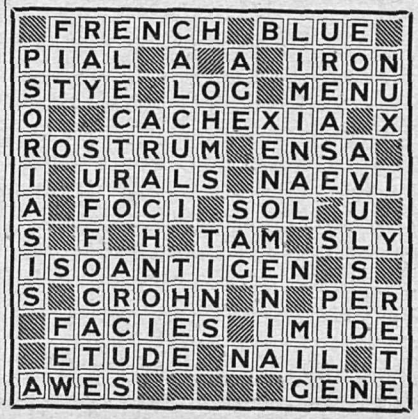
LADIES' HOCKEY

10th October, 1953

King's College Hospital 2, Guy's Hospital 2.

RESULT OF CROSSWORD

appearing in our last issue.



HOSPITAL INFORMATION

NEW STUDENTS—OCTOBER, 1953

GUY'S HOSPITAL MEDICAL SCHOOL

PRECLINICAL ENTRY

NAME	SCHOOL
B. Alexander	Blundell's School
R. M. J. Andrews	Epsom College
Miss S. P. Ardley	Christ's Hospital
M. A. McL. Bailey	Felsted School
J. F. Bedell	India and Southampton University
B. A. O. Binns	Nottingham High School
M. R. Boundy	University College School, N.W.3.
J. C. Bull	Forest School, E.17.
J. S. Cameron	Ealing Grammar
K. J. Connolly	Ratcliffe College
G. B. Cornford	Archbishop Tenison's Grammar School, S.E.11
T. A. Crantock	University Tutorial College
Miss S. M. Creegan	Northampton Grammar School
Miss P. Devlin	Carlyle School, S.W.10.
L. A. Emanuel	St. Gregory's College, Lagos
R. L. A. Enfield	Brighton College
G. J. M. Erwin	Cairo and Davis, Laing and Dick
Miss J. A. G. Fletcher	Westonbirt School, Glos.
I. R. A. Fullagar	Dartford Grammar School
Miss L. Gallagher	County Grammar School, Chislehurst
Miss A. S. Herouy	Clarendon School, Abergele
J. G. Holmes-Smith	Uppingham School
W. Holms	Uppingham School
R. G. Hornung	Christ's Hospital
F. H. A. Jago	Epsom College
P. W. James	Bedford School
B. W. Jones	Wolverhampton Grammar School
J. M. Justice	Wellington College
E. S. Kerr	Bradfield College
K. G. Korsah	Achimota School, University College of the Gold Coast
Miss M. L. Kress	Cheltenham Ladies' College
M. J. S. Langman	St. Paul's School
A. P. Lees	Hulme Grammar School, Oldham
O. C. Legg	Alleyn's School, Dulwich
Miss A. Limehouse	St. Mary's School, Calne.
J. J. Maher	Beaumont College
R. Marks	St. Marylebone Grammar School
Miss H. J. McFarlane	Hunmanby Hall, E. Yorks
S. A. F. O. McNamara	Mount St. Mary's College, Sheffield
Miss J. C. Meyer	Northgate Grammar School, Ipswich
R. H. S. Mindham	King James' Grammar School, Knaresborough
R. G. Notley	St. John's School, Leatherhead
D. J. Openshaw	Bradfield College
G. R. Peachey	Dulwich College
P. E. Pearce	Bishop Wordsworth School, Salisbury
W. B. Pearce	Bishop Wordsworth School, Salisbury
Miss A. T. Piesowicz	Chiswick Grammar School
Miss K. E. Poole	Surbiton High School
G. M. Preston	Ryhope Grammar School Nr. Sunderland
A. R. C. Ralph	St. Edward's School, Oxford
M. I. Reeve	Dulwich College
M. D. Robson	Bournemouth School
C. J. Rowland	King's School, Chester
J. B. Sales	Tonbridge School
M. D. Sanders	Tonbridge School
P. B. Saxby	Marlborough College
J. G. Sekabunga	King's College, Budo, Uganda
Miss G. M. Shaw	St. Paul's School and St. Hilda's, Oxford
J. K. Smallshaw	Epsom
D. S. Smith	Charterhouse and Trinity College, Oxford
A. W. Sollom	Douai School
Miss J. M. Squire	Putney High School
Miss J. M. M. Steadman	Sutton High School
T. C. Taylor	St. Ignatius College, N.15
A. K. Trounson	Blundell's School
J. A. Wall	Beaumont College
Mrs. B. Walsh	Scarborough and Plymouth Technical College
G. G. Ward	Sevenoaks School
R. W. Willé	Slough Grammar School
M. B. Wilson	Repton School
M. Young	St. Michael's College, Leeds

CLINICAL ENTRY

T. H. Almond	Buxton College Selwyn College, Cambridge
Miss E. M. Bray	Trinity Hall School, Southport Newnham College, Cambridge
G. Brocklehurst	Bryanston School Christ's College, Cambridge
J. R. Carling	Epsom College Emmanuel College, Cambridge
C. A. Fox	Central Foundation Boys' School Trinity Hall, Cambridge
N. G. A. Gracey	Harrow School Jesus College, Cambridge
F. P. Greenwell	Berkhamsted School Magdalen College, Oxford
A. L. Gunn	Fettes College Clare College, Cambridge
T. W. Hoskins	Christ's Hospital Emmanuel College, Cambridge
D. C. S. Hutchison	Winchester College University College, Oxford
G. A. Irving	Dulwich College St. Catharine's College, Cambridge
G. B. C. Jones	Cranleigh School Christ's College, Cambridge
J. K. L. Jones	Christ's Hospital Gonville and Caius College, Cambridge

Name	School
D. A. Lillicrap	St. Edward's School, Oxford
	St. Edmund Hall, Oxford
N. D. Kilpatrick	Campbell College, Belfast
	Queens' College, Cambridge
D. R. Laney	Taunton's School, Southampton
	Keble College, Oxford
E. W. Lord	Bury Grammar School
	St. Catharine's College, Cambridge
F. Mansfield	Bristol Grammar School
	Gonville and Caius College, Cambridge
P. J. McGregor	Fettes College
	St. John's College, Cambridge
O. F. Negbenebor	Government College, Ibadan
	University College, Ibadan
J. L. Reed	Oundle School
	St. John's College, Cambridge
G. A. Robson	The Leys School, Cambridge
	Emmanuel College, Cambridge
P. H. W. Sheard	Sedbergh School
	Christ's College, Cambridge
R. W. Sherwin	Denstone College
	Gonville and Caius College, Cambridge
R. O. S. Sims	Malvern College
	Clare College, Cambridge
D. M. Smith	Fettes College
	Emmanuel College, Cambridge
R. W. M. Smith	Wolverhampton Grammar School
	Pembroke College, Cambridge
D. A. Wheelwright	Tonbridge School
	Keble College, Oxford
V. Whitehead	John Fisher School, Purley
	St. John's College, Cambridge

GUY'S HOSPITAL DENTAL SCHOOL

1st YEAR B.D.S. STUDENTS

Name	School
A. Blackler	Mercers' School
A. J. Chapman	St. Ignatius College
R. J. Cutler	The Grammar School, Wallington
G. F. de Silva	St. Xavier's Institution, Penang, Malaya.
Madeleine Fairchild	Girls' High School, Chichester
Mary Maynard	The Grammar School, Thirsk, Yorks.
J. C. V. Mitchell	The Grammar School, Hampton
Margaret Moran	Convent F.C.J., Poles, Herts.
B. D. Pierce	St. James' Secondary School, Middx,
A. P. Reynolds	Ratcliffe College
D. S. Roberts	King Edward VI School, Macclesfield
I. Rosenthal	William Ellis School
G. L. E. Savy	St. Mary's College, Southampton
J. M. Snook	The High School, Trowbridge
T. G. Tetlow	Rugby School
M. J. Verdon	King Edward VI Grammar School, Southampton
G. E. Warr	Royal Masonic School, Bushey
C. G. McG. Williams	Harrow School
W. L. Wiseman	Banff Academy
J. F. Woods	St. Andrew.s College, Grahamstown, S.A.
R. M. Wynne Griffith	Ellesmere College, Shropshire

2ND YEAR B.D.S. STUDENTS

Helen Akiwumi	Cheltenham Ladies' College
M. L. Brenchley	The Grammar School, Erith
I. G. Creed	Malvern College
E. N. Daver	St. Joseph's College, Darjeeling, India
K. Davies	Jones' West Monmouth School
D. J. Endacott	Sutton High School, Plymouth
C. E. Evans	Vaynor and Penderyn Grammar School, Cefn Coed
Greta R. Fink	St. Paul's Girls' School, London
M. S. Hinton	The Grammar School, Farnham
H. J. Leake	Cranleigh School
D. T. H. Lloyd	Aberayron County School
K. F. Moos	Dulwich College

Name	School
H. C. Pritchard	Caterham
M. J. Scott	The Grammar School, Stretford
E. E. Silcock	Whitgift Middle School
M. J. Sutton	St. James' Secondary School, Middx.
R. A. R. Wallace	Bishops Stortford College
M. A. Young	City of London

1ST YEAR L.D.S. STUDENTS

Sheila Adams	St. George's School, Harpenden
C. R. Baudry	Nautical College, Pangbourne
W. B. H. Baxter	The High School, Southend
J. M. Denney	The King's School, Canterbury
D. F. C. Duke	The Grammar School, Finchley
B. H. Irish	King Edward VI School, Southampton
S. J. Lubbock	University Tutorial College, London
I. Maselle	Parktown High School, Johannesburg, S.A.
R. J. Saunders	Haileybury and I.S.C.
W. A. Tucker	The Grammar School, Tonyrefail
A. W. Wheelhouse	Rossall School

SCHOOL OF NURSING

G. Arnold	M. J. Houghton
A. Ashton	J. V. Huxham
S. Avery	J. B. King
M. A. Bass	J. Leonard
P. Bisley	M. Lewton
D. M. Bodle	E. Nicholson
G. Burns	E. Nutman
A. Campbell	A. Prior
M. Campion	A. E. Quick
E. Carter	C. Sandrey
A. Covell	A. Shackel
M. R. Cox	S. Sharp
S. A. Croll	A. Shaw
A. Crosbie	S. Sheppard
A. Cundy	P. Small
S. Donald	P. M. Smith
J. Elliott	A. Spicer
J. Fennell	R. Stagg
E. French	M. Street
S. Ford	G. Traise
R. Hatch	P. Turner
K. Helman	N. Urch
A. Henderson	K. Waterhouse
A. Hill	D. A. Woodruff

PHYSIOTHERAPY SCHOOL

D. M. Blumson	J. Lamb
E. A. Bullock	D. A. Long
G. W. Brooks	P. M. O'Connor
S. Clark	R. Paxton
P. Clark	B. G. Patrick
P. J. M. Davies	B. Powell
M. Dickinson	E. M. Randall
M. Eldridge	S. E. Raymond
G. Floyd	T. K. Shaw
J. E. Jones	M. E. Walker
M. E. King	P. M. Wilson

APPOINTMENTS VACANT

GUY'S HOSPITAL AND SOUTH-EAST METROPOLITAN REGIONAL HOSPITAL BOARD

Applications are invited to fill an established vacancy as **Senior Registrar** in **General Medicine** to the South-East Metropolitan Regional Hospital Board and the Board of Governors of Guy's Hospital. Preference will be given to applicants who have held an appointment as Registrar in General Medicine at a Teaching Hospital. The appointment will be made jointly by the bodies concerned and the tenure of the post will be for three years. The holder will be required to spend the first two periods in the Regional Hospitals in the Bromley and Farnborough Group and the final year at the Teaching Hospital, expiring on 30th September, 1956. The post, which will be reviewed annually, is subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff (England and Wales) with duties commencing on **1st December, 1953.**

Forms of application are obtainable from and should be lodged with the Superintendent, Guy's Hospital, London Bridge, S.E.1., not later than **31st October, 1953.**

GUY'S HOSPITAL

Applications are invited for the appointment of Registrar (1st year) in the **Department of Psychological Medicine** (4 sessions per week). Duties to commence on 1st January, 1954. Forms of application, obtainable from the Superintendent Guy's Hospital, should be forwarded not later than the **13th November, 1953.**

Applications are invited for the following House Appointments at Guy's Hospital, due to commence on **December 1st, 1953.**

Assistant House Surgeons (*Pre-Registration*) 3

N.B.—The appointment will be for six months, the first three months to be spent as A.H.S. During the second three months of the appointment candidates will either move to the post of O.P.O. (Surgical) or will remain as A.H.S.

Assistant House Physicians (*Pre-Registration*) 4

N.B.—The appointment will be for six months, the first three months to be spent as A.H.P. During the second three months of the appointment candidates will either move to the post of O.P.O. (Medical) or will remain as A.H.P.

Out-Patient Officers (*Pre-Registration*) .. 5
House Surgeons (*Pre-Registration*) 2
House Physicians (*Pre-Registration*) .. 2
Resident Obstetrician 1
(*Pre-Registration commencing* 1.1.54)
Ear, Nose and Throat House Surgeon .. 1
(*Pre-Registration*)
Dermatological House Physician 1
(*Post Registration*)
Genito-Urinary House Surgeon 1
(*Pre-Registration*)
Children's House Physician (*Pre-Registration*) 1
House Surgeon to the Thoracic Unit .. 1
(*Post Registration*)
H.P. to the Department of Medicine and Resident Junior Clinical Pathologist .. 1
(*Pre-Registration*)
House Physician in the York Clinic .. 1
(*Post Registration*)
Resident Anaesthetist (*Post Registration*) .. 1
commencing 7.1.54

The Medical Committee will also consider applications for appointments at outer hospitals, as follows :—

ORPINGTON HOSPITAL

Orthopædic House Surgeons 2
(*Pre-Registration*)
House Surgeon (to include general and gynæcological duties (*Pre-Registration*) 1
Ear, Nose and Throat House Surgeon 1
(*Pre-Registration*)
House Surgeon (*Pre-Registration*) .. 1
House Surgeon (*Pre-Registration*) .. 1
commencing 1.11.53

QUEEN MARY'S HOSPITAL, SIDCUP

House Surgeons (*Pre-Registration*) .. 2
House Physician (*Pre-Registration*) .. 1
House Physician (*Post Registration*) .. 1
(Senior House Officer)
Resident Anæsthetist (Senior House Officer) 1
(*Post Registration*)

PEMBURY HOSPITAL

House Surgeons (*Pre-Registration*) .. 2

SOUTHERN HOSPITAL, DARTFORD

Orthopædic House Surgeon 1
(*Post Registration*)
Ear, Nose and Throat and Ophthalmic House Surgeon (*Post Registration*) .. 1

JOYCE GREEN HOSPITAL, DARTFORD

House Physicians 2
(*Pre-Registration or Post Registration*)
(commencing 1.1.54)

ST. OLAVE'S HOSPITAL

House Surgeons (*Post Registration*) .. 2

ST. JOHN'S HOSPITAL, LEWISHAM

House Surgeon (*Pre-Registration*) .. 1
House Physician (*Pre-Registration*) .. 1

LEWISHAM HOSPITAL

House Surgeon (*Pre-Registration*) .. 1
(commencing 15.11.53)
Obstetric House Surgeon (*Post Registration*) 1
(commencing 21.11.53)
House Physician (*Pre-Registration*) .. 1
(commencing 1.1.54)

NEW CROSS GENERAL HOSPITAL

General Duty House Officer (Senior House Officer) (*Post Registration*) 1

Applications, giving choice of post and choice of Hospital in order of preference, should be lodged in the Superintendent's Office not later than **Monday, November 2nd, 1953.** Candidates who apply for appointment at Guy's as Assistant House Surgeons, Assistant House Physicians, House Surgeons or House Physicians should indicate their preference for Firms.

NOTES FOR PRE-REGISTRATION CANDIDATES.

Pre-Registration Candidates are reminded that the number of posts available at Guy's is small compared with the number of students who are likely to qualify. Students applying for appointments at Guy's, therefore, are advised to consider applying for Pre-Registration posts elsewhere at

(*continued overleaf*)

the same time in order to avoid delay in obtaining a post. A number of recognised posts is available in the South-East Region. Details of posts in this region and elsewhere in the country are available in the Medical School Office.

Pre-Registration Candidates are also reminded that after completing six months in Medical or Surgical posts they must now apply for Surgical or Medical posts respectively. The post of R.O. will in future, be regarded as a surgical post only and not a medical post.

APPOINTMENTS

G. W. Garland, M.D., M.R.C.O.G. Part-time Consultant Obstetrician and Gynæcologist, Lambeth Hospital.

A. J. Heber, M.B., B.S., Anæsthetic Registrar, Redhill County Hospital.

C. P. Mills, M.B., B.S., Surgical Registrar, Royal Hants County Hospital, Winchester.

C. H. J. Rey, F.R.C.S., Surgical Registrar, Lambeth Hospital.

M. G. Thorne, M.D., M.R.C.P., Preclinical Class Tutor, Guy's Hospital Medical School.

PASS LIST

UNIVERSITY OF OXFORD

2nd B.M. Examination
Long Vacation, 1953

General Pathology and Bacteriology
C. P. McEvedy

Forensic Medicine and Public Health
J. Billingham J. P. A. Weaver

Special and Clinical Pathology
J. Billingham J. P. A. Weaver

UNIVERSITY OF LONDON

Ph.D. Examination for Internal Students
Faculty of Medicine (Non-Clinical)
Ian Macdonald

ROYAL COLLEGE OF SURGEONS OF EDINBURGH

F.R.C.S.
Primary Examination
I. J. MacQueen

ROYAL COLLEGE OF SURGEONS

L.D.S.
Second Examination
September, 1953

B. Armitage
Pamela Bason
A. J. Bradley
F. C. van Coppenhagen
P. L. Davies
R. B. Johns
N. A. Labuschagne
D. M. Lawrence
A. M. A. Lowe
Pamela A. Newbold
D. Scott
A. P. B. Sibson
M. F. H. Willis

PAPERS BY GUY'S MEN

Amos, D. B. The Agglutination of Mouse Leucocytes by Iso-Immune Sera. *J. exp. Path.*, 1953, **34**, 464.

Armin, J. and Grant, R. T. The Artery of the Denervated Rabbit's Ear as a Sensitive Pharmacological Test Object (with Two Appendices by J. H. Benson). *J. Physiol.* 1953, **121**, 593.

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Blaikley, J. B. Discussion on Pelvic Exeuteration. *Proc. R. Soc. Med.*, 1953, **46**, 753.

Clarkson, Patrick and another. Use of the Electrodermatome, with Special Reference to its Value in Serious Burns. *Brit. med. J.*, 1953, ii, 763.

Clegg, J. W. Ulcero-Caseous Tuberculous Bronchitis. *Thorax*, 1953, **8**, 167.

Emslie, R. D. Periodontal Disease : Basic Pathology and Rational Clinical Procedures. *Brit. dent. J.*, 1953, **95**, 137.

Fourman, Paul and another. Diminished Urinary Excretion of Citrate during Deficiencies of Potassium in Man. *Lancet*, 1953, ii, 656.

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Mills, C. P. An Unusual Combination of Aberrant Hepatic Arteries. *Brit. J. Surg.*, 1953, **41**, 181.

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Thompson, R. H. S. and Tickner, A. Cholinesterase Activity of Arteries. *J. Physiol.* 1953, **121**, 623.

Trethowan, W. H. and another. Neuropsychiatric Aspects of Cushing's Syndrome. *Arch. Neurol. Psychiat. Chicago*, 1952, **67**, 283.

Trethowan, W. H. Melancholia. *Med. illus.* 1953, **7**, 466.

Warren, M. D. The Practice of Health. *Medical Officer*, 1953, **90**, 131.

Warren, M. D. Epidemiology of the Psychosomatic Diseases. *Brit. J. prev. Soc. Med.*, 1953, **7**, 123.

Wheatley, R. P. Fractures of the Shafts of the Radius and Ulna. *Med. J. Malaya.*, 1953, **7**, 154.

White, R. H. R. Piperazine in the Treatment of Threadworms in Children. Report on a Clinical Trial. *Brit. med. J.*, 1953, ii, 755.

CHANGES OF ADDRESS

J. M. G. Cameron, L.D.S. R.C.S., 79, Adeywood Road, Hemel Hempstead, Herts. (Tel. Boxmoor 237).

J. Foley, B.Sc., M.R.C.S., L.R.C.P., 6, Oaks Avenue, Deewhy, N.S.W., Australia.

G. A. D. Haslewood, D.Sc., Ph.D., F.R.I.C., Sunrise, Beach Green, Shoreham-by-Sea, Sussex.

H. Lester, L.D.S. R.C.S., 75, Underhill Road, E. Dulwich, S.E.22. (Tel. Forest Hill 0263.)

G. H. T. Lloyd, M.D., M.R.C.P., Dhunean, Victoria Park, Colwyn Bay, N. Wales. (Tel. Colwyn Bay 3764.)

E. F. Soothill, M.B., B.Chir., 25, Banstead Road, Ewell, Surrey.

BIRTHS

BARLOW.—On 4th October, 1953, at the Queens Maternity Hospital, Cirencester to Muriel (née Allen), wife of Frank Barlow, L.D.S., R.C.S., a son (Mark Ewen).

BLYTH.—On 20th September, 1953, at Imtarfa, Malta to Jean (née Anderson), wife of A. G. Blyth, M.B., B.S., a daughter (Nicola Jane).

MILLS.—On 11th September, 1953, at the Royal Hampshire County Hospital, Winchester to Nanette (née Crawford), wife of C. P. Mills, F.R.C.S., a daughter (Susan Patricia).

ROTH.—On October 12th, at Guy's Hospital to Norma (nee Maynard) wife of Lawrence Roth, L.D.S. R.C.S., a son (Nigel Martin).

MARRIAGES

HANNON—MOREY.—On 26th September, 1953, at St. Mary's Clapham, S.W.7., Patrick Hannon to Lorraine Morey, S.R.N.

HASLEWOOD—BLAKISTON.—On 2nd October, 1953, at Shoreham-by-Sea, Geoffrey Haslewood, D.Sc., Ph.D. to Elizabeth Blakiston, B.Sc.

HERBERT—JONES.—On 26th September, 1953 at Parkstone Congregational Church, Dorset, Hugh Herbert, M.B., B.S., to Edith May Jones, S.R.N., S.C.M.

EDS. { E.E.D.T. P.S.B.

GUY'S HOSPITAL GAZETTE
A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS
PUBLISHED FORTNIGHTLY
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PASSIM

Call me Fred

NOT MANY days ago a delightful incident took place during a round in the surgical wards. The chief, looking to one of his new clerks who had, evidently, come from tropical climes, asked his name. The answer was difficult to pronounce by European standards. There was a pause. "I can't call you that," said the distinguished surgeon, "What *shall* I call you ?"

"Call me Fred," was the reply.

Occasions such as these are rarely repeated. They are never forgotten. They stimulate imagination. A logical answer to a logical question is indeed one of the best of intellectual pleasures. Perhaps that is the reason why those of us who were taught our Catechism when young, remember to this day the bewilderment with which we faced the very first question there :

Question : What is your name ?

Answer : N or M.

One would have thought that there were many simpler answers to so plain an enquiry and, were the solution not already supplied, it would seem to need very little mental agility to plump for an entirely satisfactory reply. Although, at this somewhat late stage it is hard to rid oneself of preconceived notions, the possibilities surely lie, firstly, in that great group of names

. . . . that the family use daily
Such as Peter, Augustus, Alonzo or James,
Such as Victor or Jonathan, George or Bill Bailey—
All of them sensible everyday names.†

Alternatively, one would grant as logical (if surprising) an answer such as, "I don't know" ; while "Would you please repeat the question ?" could be construed as showing early evidence of that type of "examinationmanship", much to be developed in later years, which plays for time while giving away nothing. But "N or M" ! Who ever heard of "N or M" as a name—or a gambit ?

Now it has always seemed a little odd that thoughtful parents have not yet taken the only obvious course and insisted on "N or M" as a name for their child. By so doing they would confer an incalculable benefit upon the young. They could dispel, at a word, the cloud of puzzled incredulity which must otherwise be an inevitable feature of Sunday-school life and leave for years a permanent mark on adult thought and action. Imagine the satisfaction to be found in being the only mite, in a congregation of critical children and tolerant parents, who could, with utter truth, transparent honesty,

† T. S. Eliot ; *Old Possum's Book of Practical Cats.*

and irreproachable logic, give the right answer to the first question on the first page of the Catechism. Were but one in ten thousand children so blessed it would be a start. The repose thus implanted during impressionable years and the self-confidence nourished publicly in the innocent mind might prove of immeasurable advantage to domestic, national—indeed, world affairs. To be the living embodiment of a Right Answer offers possibilities as yet totally unexplored by civilized society. The vista opened up by such a policy on the part of discerning parents is of a grandeur unimagined by those who still insist on " George " or " Betty "—regal precedent notwithstanding.

There would, of course, be material advantages too. Think of the distinction which a name like " Sir Enorem Jones " might confer on an otherwise average professional career. It is astonishing that the power latent in such a name is, as yet, unrecognized by a multitude of parents-to-be. There is, moreover, a musical quality about the word " Enorem " which makes it equally suitable as a girl's name also. Endless provisos would thus be avoided at critical times.

Fond friend : And what are you going to call the " happy event " ?

Confident parents : Why, Enorem—of course !

Later in life the brevity of the word would make it unusually convenient for carving on trees, while the difficulty of finding a suitable rhyme to go with it might hinder, right from the start, the immoderate composition of nondescript lovers' verses with which society is at present somewhat encumbered. A Sir Philip Sidney or a Keats rarely grappled with a problem of greater æsthetic difficulty. Life, in a word, would become more satisfying, successful and simple—and after all, there is much to be said for that.

The Rev. W. D. Giddey and Dr. D. Stafford-Clark are members of a commission on Divine Healing appointed by the Archbishops of Canterbury and York. The first meeting was held last Tuesday.

Later in this issue we publish the award of University of London " Purples " to four Guy's students. We congratulate them all upon this honour.

GUY'S DIARY

NOVEMBER			Exhibition. Department of Surgery. *Obstructive Jaundice.*
2nd	M	1.00.	Mr. R. H. F. Brain. Clinical Lecture. *Surgery in Pulmonary Tuberculosis.*
		5.00.	Films :—Dept. of Surgery. *Repair of Inguinal Hernia by the " Tanner's Slide " Method* and *Appendicectomy by the " Grid Iron " Approach.*
5th	Th	5,00.	X-ray Meeting. Gordon Museum.
		2.15.	Clinico-pathological Meeting. Gordon Museum.
9th	M	1.00.	Mr. J. S. Batchelor. Clinical Lecture.
10th	T	1.00.	Dr. T. H. Hills. Clinical Lecture. *X-rays in General Practice.*
12th	Th	1.00.	Mr. Grant Massie. Clinical Lecture. *Swellings in the Neck.*
		5.00.	X-ray Meeting. Gordon Museum.
		5.00.	Mr. Murray Falconer. Neurosurgical Demonstration.
13th	F	1.00.	Dr. M. J. F. McArdle. Clinical Lecture. *Some Aspects of Muscle Disease.*
		2.15.	Combined Round. Pre-clinical Classroom.
14th	S	10.00.	Mr. Philip Wiles. (Middlesex Hospital.) Departmental Round.
16th	M	1.00.	Mr. R. J. Cann. Clinical Lecture.

OBITUARY

J. H. BADCOCK, F.R.C.S., F.D.S., Eng.

J. H. Badcock was educated at the Royal Dental and at Charing Cross Hospitals; taking his L.D.S. in 1887, and the Conjoint Board Diplomas in 1890 ; he was a Saunders Scholar of the Royal Dental Hospital. Shortly after the separation of the Dental from the Medical School at Guy's, Badcock was elected to the Lectureship in Operative Dental Surgery at Guy's and served as a Dental Surgeon here until 1904 ; ill health caused his retirement. He had a very fine practice in conservative dentistry in Harley Street and many distinguished people both at home and from abroad were his patients. He was President of the Odontological Section of the Royal Society of Medicine ; of the Metropolitan Branch, and also of the British Dental Association ; also President of the British Society for the Study of Orthodontics and of the International Orthodontic Congress of 1931 ; he was Professor of Dental Surgery at the Royal Army Medical College. Badcock was a thoughtful loveable man and lived to a great age. F.N.D.

J. W. D. writes :

During the last few years the Dental profession has lost a number of its most eminent members, but I doubt whether any have been held in higher esteem than Mr. Badcock. All who knew him could not but admire and respect him. His fertile brain and tenacity of purpose are responsible for much of the progress of the profession. He was most painstaking and meticulous in his operating and his consideration and treatment of his patients might be an example to many today.

I think I may speak more personally than many who knew him, since I had the privilege of working with him as his partner for nearly twenty-eight years, and I shall always look back on those years with gratitude for his help and inspiration. As a young man starting in practice one is apt to make mistakes. Mr. Badcock had a way of pointing out and correcting such errors, which, while ensuring their correction, was so tactful and kindly, that there could be no cause for hurt or discouragement. The loss of men of this calibre leaves a gap that it is difficult to fill.

WALTER LANGMUIR WATT, C.M.G., M.D., C.M.

Colonel Langmuir Watt, Consulting Surgeon Emeritus to the Radiotherapeutic Department of Guy's Hospital, died at his home in Victoria, British Columbia, at the age of 77 on August 14th of this year.

He was born in Canada and graduated at the University of Manitoba. He did postgraduate work in this country but returned to Canada where he worked in Winnipeg until the outbreak of the first World War. During the war, he was mentioned in despatches and was appointed C.M.G.

In 1925, having settled in this country, he was appointed Surgeon to the Actinotherapeutic and later the Radiotherapeutic Departments at Guy's. He provided at his own expense a high voltage X-ray unit which we incorporated in the Radiotherapeutic Department. After his retirement in 1937, he continued to practise in London until 1946 when he retured to Canada.

We offer our sympathy to his wife, son and daughter in their bereavement.

Seventy-Five Years Ago

From Guy's Hospital Gazette, October, 1878.

SAVORY & MOORE'S
Best Food for Infants
USED IN THE ROYAL NURSERIES OF ENGLAND AND RUSSIA
(*Advt.*)

We acknowledge with gratitude the receipt of the following of our contemporaries :—

Architectural Association Journal, The British Medical Journal, The Broad Way (Westminster Hospital), Cambridge University Medical Society Magazine, Canadian Medical Association Journal, Charing Cross Hospital Gazette, Conquest (Research Defence Society), Dental Nurses' Journal, The Hospital, Hospital and Social Service Journal, Kings College Hospital Gazette, Lancet, Medical Times (U.S.), Medicine Illustrated, Middlesex Hospital Journal, Newcastle Medical Journal, Northwest Medicine (U.S.), Nursing Mirror, Nursing Times, Pharmaceutical Journal, Postgraduate Medical Journal, Practitioner, St. Bartholomew's Hospital Journal, South African Medical Journal, Speculum (Melbourne Medical School), Sydney University Medical Journal, U.C.H. Dental Journal.

GUY'S PERSONALITIES (3)

Drawn by Sylvia Treadgold

SOPHIE CREES

Sophie is in her eightieth year. She started work as a ward maid in the old Eye Wards on 6th December, 1893, and has worked at Guy's ever since. Life was harder then: her pay of £1 per month with keep seems ungenerous now, with a monthly half-day off duty. In 1906, she went to the College and worked as a maid there until the blitz of 1941 sent her to the old hostel—now better known as "Sophie's."

Sophie has seen many sons following their fathers to Guy's. "I always tell them," she says, "to hurry up and send their grandchildren too." Nearly sixty years continuous service in the Hospital! Is this a record?

THE ATOM AND THE COSMOS OF THE GREEKS

A Discourse delivered to the Science Club on 13th May, 1953

By H. St. H. VERTUE, D.M.

CAST your minds back for a moment to the *Aeneid*, a work of which we most of us acquired some knowledge in the past, and particularly to "haughty Juno's unrelenting hate", pointed against the exiles from Troy, who were seeking to found a new kingdom in Italy. Juno makes her way to the island of Aeolia, walled in with smooth rock and unbreakable bronze, so Homer says, where dwells Aeolus, ruler of the winds. She promises him the hand of her most beautiful nymph, Deiopeia, in marriage, if he will let loose the winds upon the Trojan fleet ; and dazzled by the prospect the demigod accedes.

I heard the thunder hoarsely laugh :
Mighty fleets were strewn like chaff
And spread beneath a hell of death
O'er the white waters.

The ships capsize or are driven on the rocks. Many men are drowned and some few swim for it.

Apparent rari nantes in gurgite vasto.

Then Neptune, lord of the main, raises a calm head above the waves, threatens the winds with his famous aposiopesis,

Quos ego—sed motos praestat componere fluctus,

rebukes Aeolus, murmurs that he recognises his sister's craft, then trident in hand rides easily over the billows and stills the tumult, like some orator grave and good, says Virgil, who soothes the passions of a seditious mob. How beautiful it is—but it is magic !

Man has existed for hundreds of thousands of years ; he has known and he has had to grapple with the phenomena of nature ; and from a vast antiquity man has attributed them every one to the actions of supernatural beings, with the result that until recently he never reasoned about them ; yet unless he could rid his mind of this notion, there was not and there could not be any philosophy. Of all the revolutions in the history of man that change of attitude towards natural phenomena is the one that has had, and is likely to go on having the most far-reaching results. The strange thing is that it should have occurred so very recently, only two thousand five hundred years ago, and at one spot upon the earth, a Greek colony in Asia Minor named Miletus.

To become a philosopher man had to take three steps, first to observe phenomena, next to reason about phenomena, and last to exclude from phenomena supernatural interference ; and he was not able to accomplish so much until conditions were as peculiarly favourable as they were at Miletus, that is to say conditions of order prosperity and good government, with a highly intelligent race, leisure and inherited culture.

The first philosophers were the heroes of philosophy and the first of them all was Thales, whose proud boast was this "I thank God I am a

man and not a beast; I thank God I am a man and not a woman, and I thank God I am a Greek and not a barbarian." And well he might do so, even if the second clause is a little equivocal today! Thales thought that the earth was shaped like a drum and that it lay floating in water with an arc of sky above, and he supposed that all things were made of water. Anaximenes thought that the earth was tilted upwards towards the north and that the sky and the heavenly bodies went round like a wheel, alternately dipping below and appearing above the horizon. He supposed that all things were made of air, variously condensed or rarefied. Anaximander made an advance by postulating one common substrate called *apeiron*, infinite; but he achieved a theory much more astonishing than that, which was that life began in the sea, that a kind of fish armed with scales adopted a life on land, lost its scales and became the parent of all terrestrial animals. Lucretius refers to this very modern notion; but I regret to say that he does not believe in it.

Heraclitus of Ephesus comes next, famous for the obscurity of his language. He believed that everything was made of fire and that the difference between one substance and another was due to different tension between opposites. He was the author of a famous phrase that has come down to us, πάντα ῥεῖ, everything flows; and he was much puzzled as to how he could reconcile this perpetual flow with permanence. This difficulty obsessed the men of old and so did their notion that everything must be one. The latter reached its extremity in Parmenides the Eleatic and his disciple Zeno, the subjects of a dialogue by Plato, in which the young Socrates takes some part; but most of it is an exposition of the doctrine of the one by Parmenides, with a youthful disciple to return all the right answers. It leads, to my mind, nowhere. A thing, according to Parmenides, either is or it is not. If it is, it has being: if it is not, it has no being. Matter has being and is: space has no being and is not. The world, then, consists of solid matter and space has no existence. Confronted with the proposition that movement cannot take place without space, he replied that movement is an illusion, and it was to explain away movement that Zeno invented his famous paradoxes. Such a man as this, oblivious of phenomena, was not a physical philosopher but a metaphysician and logician. From him are descended Plato, Aristotle and all others of the train, from whom it is useless to expect any scientific enlightenment.

I do not intend to convey an opinion that they are of no use at all, which I am far from entertaining, for they teach us to enquire into matters that are outside the domain of science, stimulating us to ask such questions as "What is love? What is friendship? What is temperance?", and preventing us from becoming too materialistic in thought. But Plato's cosmos, described in the *Timaeus*, is the silliest stuff, and Aristotle's dismal quartet of four elements, earth, air, fire and water, hindered the progress of science for a long time. We may leave the logicians therefore and devote our attention to the physical philosophers, or atomists, among whom we shall find ourselves perfectly at home.

The atom explains both change and phenomena. By means of it the *one* is broken up into innumerable particles that are solid, indivisible

and eternal as the *one* is ; yet the whole is no longer solid, nor continuous, nor motionless. This answers Parmenides. Variety is produced by a variety of atoms, and change by the combination, dissociation and re-combination of atoms. Thus change and permanence are reconciled and Heraclitus is answered. Here is a rough prose translation of a relevant passage from Lucretius (II, 62–79).

" Come now, and I will unfold to thee the movements of the elementary atoms, their combinations, their dissociations, the force that compels them and the velocity of their journeys through the great void : do thou give ear unto my words. For of a surety all matter does not exist closely jammed together. We see things dwindle ; we perceive them flow away during the lapse of time, and old age steals them from beneath our eyes ; and yet the sum of things remains scatheless. And this is the reason : where the bodies depart, they bring about loss : whither they go, they bestow increase. Yon things grow old, but these must flourish ; nor do they ever abide. So the sum of things is ever renewed and mortal beings live by give and take. Here the races wax, there they wane, and in brief space the generations of living things are changed, and so like runners in the race hand on for ever the burning torch of life."

Leucippus, the first of these physical philosophers, flourished about 440 B.C., was a native of Miletus and discovered the atom ; but his figure is shadowy and we know very little of him. Democritus is the one who first cast the system into shape and he must be reckoned among the great geniuses of the world. He was born about 470 B.C. at Abdera, a Greek settlement in Thrace, a district with a climate so vile that the rest of Greece wondered how it could produce a philosopher. (Anyone who has been to Salonica, not very far away, can testify.) He was a man of substance, who travelled widely in pursuit of knowledge, a genial man, who merely laughed at the follies of mankind, and a character, who cultivated a particular frame of mind that he called ἀθαμβία, imperturbability. As you might expect, he lived to an advanced age.

Denique Democritum post quam matura vetustas
Admonuit motus memores languescere mentis,
Sponte sua leto caput obvius obtulit ipse.

" And then Democritus, when the ripeness of age warned him that the motions of memory in his mind were growing weak, met death half way and offered up his head of his own accord." A polite procedure, admirably adapted to the present day, but scarcely likely to become popular ! The philosophy of Democritus will be best considered along with that of Epicurus.

Epicurus, 342–270 B.C., a true Athenian, was a member of an old family and a native of Gargettos, a village near the capital city ; but either before or soon after his birth his father moved to Samos, then part of the Athenian empire. Epicurus returned to Athens to complete his education and attended the instruction of Nausiphanes, a Democritean philosopher. Then he travelled and studied until 307 B.C. when he finally settled in Athens, making his home among the gardens that he had bought, the famous κῆποι Ἐπικούρου. He was a man of exceptional charm and exceptional kindness, who gathered about him a small community of kindred spirits, of which he was the loved and revered head. He formed a union with a hetaira, named Leontion, thereby doing honour to womankind, for the usual Athenian wife was relegated to the background and told that to bear and rear children, to spin and to weave were all her business. Culture, charm, companionship and intelligent conversation were to be found among the hetairai and this association was equivalent to an assertion that these were the qualities

proper to women. A single affectionate letter from him to her testifies to her success but it is doubtful whether they were married.

He was the first to admit women to philosophy and the only philosopher to admit slaves—a true democrat. Renowned through his long life, he was after his death almost deified. "*Deus ille fuit, deus, inclute Memmi!*" cries Lucretius. "A god he was, most noble Memmius!" His moral theory was founded upon a doctrine of ἡδονή, or that which pleases (derived from ἥδομαι, to please) and founded upon a physiological truth. A myxomycete, let us say, draws away from a solution of quinine, which is poisonous, and moves towards a decoction of oak-bark, its common food. So what is painful is what is noxious, taught Epicurus, and what is pleasing is what is beneficial; and all living things eschew the former and pursue the latter, unless prevented. But man has a power of choice between various pleasures and must learn to distinguish between the good and the bad, the natural or necessary and the superfluous or deleterious, exercising his choice by means of a certain sagacity called φρόνησις. "One cannot live sweetly without living wisely, beautifully and righteously" says the sage. "One cannot live well unless the heart is pure" says Lucretius.

In the gardens of Epicurus life was simple, "sober, sweet Epicurean life", as Tennyson calls it. It is a cruel injustice that the Romans, understanding little or nothing of this doctrine of ἡδονή, saw in it an excellent excuse to indulge in their favourite pleasure of eating and drinking, and so encouraged the entirely false notion of the "epicure". Epicurus recoiled from the all-powerful state of Plato and Aristotle and from the rule of law, as many of us are doing today. He believed that men should not be made good by rule of law but by learning to live virtuously and wisely and that it was the function of philosophy to teach them how this may be done. He looked upon the state simply as a useful contrivance to enable men to live harmoniously together. He discarded the logic and metaphysic of Plato and Aristotle and began again from the foundation with the study of Nature, basing his physical philosophy upon that of Democritus and adding many modifications and improvements of his own.

A very full account of this philosophy is to be found in the great work *De Rerum Natura* by Lucretius, who lived in the first half of the first century B.C. He actually succeeded in expounding the atomic theory in verse, and verse that is a vehicle of the finest poetry. Poetry, philosophy, religion and science are four aspects of one subject, four sides of a tower; and it was so that Lucretius saw them; but today we are too apt to fix our gaze upon one side, declaring that the rest are beyond our view and content to limit our vision more narrowly than is good for us. He has recently been re-edited in masterly style by Cyril Bailey.

Lucretius's poem was almost lost to mankind during the dark ages. It is actually possible that during the age of Bede it existed solely at York, whence a copy was taken to France. Both these disappeared, but copies of the copy struggled through to the Renaissance. Epicurus, who wrote a great work "On Nature", survives only in some sayings, in a hastily written epitome in the form of a letter and in two shorter letters, embedded in Diogenes Laertius.

Democritus is only known from fragments. The fact is that they who could make short work of Neptune, Juno, Aeolus and Deiopeia could make equally short work of Adam and Eve and the Garden of Eden. Epicureanism was therefore deemed as bad as a heresy by the early Church ; and it is likely that what we have of atomic philosophy survives simply because it was no longer comprehensible to a world lapsed into magic and barbarism : if it had been, it would have been destroyed. With these historical observations concluded we had better now abandon the narrative style and expound the physical philosophy under headings.

Means of Investigation.

(i) Sensation, αἰσθησις, *sensus*, is the only criterion of truth. Sensation is brought about by the impact of atoms or atomic compounds upon the organ of sensation, which was conceived not as a nervous system but as a tenuous gas diffused through the tissues, which underwent molecular disturbance on stimulation. Sensation was therefore physical. Modern methods of extending the range of the senses by photography, microscopy and the rest were unknown, but would undoubtedly have been welcomed. As a means of knowing the world we still depend upon our senses, if we are scientists.

(ii) Stored sensations, concepts, πρόληψις, *notities*. Past sensations can be stored and can be compared and contrasted either with each other or with new ; and the mind is then able to reason about them. In this way concepts are formed. Man, says Epicurus, could not have invented speech without a previous concept : speech therefore arose by evolution ; and he gives an admirably clear and scientific account of how this took place. So also the gods could not have invented man without a concept : man therefore arose by evolution ; and sure enough in Lucretius's fifth book is a miraculously fine account of primitive man, with a germinal idea of natural selection. This notion of stored impressions is indispensable and we believe in it today.

(iii) Feeling, πάθος, is mainly the concern of the moral theory of pain and pleasure.

(iv) Free cast of the mind, ἐπιβολὴ τῆς διανοίας, *animi iactus liber*. This method was an attempt to investigate phenomena that the senses could not reach, for instance the outermost realms of space. It is an obscure subject, to which references are few, but it has one aspect of importance. It is by this means that we enter into communion with the divine, according to Epicurus ; for this great man understood that we cannot live well without religious feeling. It is that feeling, I suspect, that one entertains on entering some old church, hallowed by the piety of many a worshipper. Attendance at religious ceremonies was advised by the sage.

(v) Analogy. Since these philosophers were without the experimental method, they were only able to assess the truth of one phenomenon by the analogy of another. They made good use of this method, so far as it could carry them.

(vi) Intrusion of opinion, δόξα, *opinatus*. The fallibility of the human intellect was well known to them, especially the substitution of opinion for ascertained fact.

Nam nil aegrius est quam res secernere apertas
Ab dubiis, animus quas ab se protinus addit.

It will be agreed, I hope, that armed with these methods the physical philosophers approached their subject in a truly scientific spirit. We may now pass to some of their most important concepts.

Laws of Nature, Foedera Naturai. The Latin word *foedus*, derived from the same root as *fido*, to put confidence in, is a better choice than our "law", which suggests some such thing as the Married Woman's Property Act. It is sometimes forgotten that a scientific "law" is not a law at all and that if contradicted by phenomena it immediately dissolves. The archaic genitive found in *Naturai* is much affected by Lucretius, because it provides such a sonorous ending to a hexameter—*purpureai, notitiai, gelidai stringor aquai, etc.* The hexameters of Lucretius have the beauty and grandeur of nature, those of Virgil the beauty of some gentleman's carefully tended park.

Space and Matter. Space, κένον, χώρα, *inane, spatium*, is that in which things are carried on, *in quo res quaeque geruntur*, and without it no movement is possible. Take a ball of lead and a ball of wool of equal size, said Epicurus, and the former will weigh more than the latter because there is in it more matter and less space. Go into a limestone cave, says Lucretius, and watch the water dripping from the roof and you will be convinced that even hard rock is interpenetrated by space. Outside our earth are the great spaces of the Universe : there, said Epicurus, a ball of lead and a ball of wool would fall at equal speeds. So astute was he that he was able to say that if two solid bodies fly apart, air rushes in to fill the vacuum. Matter is that which does or has things done to it. *At facere et fungi sine corpore nulla potest res.* Function is material.

Conservation of Matter. "Nothing is begotten out of nothing and nothing is destroyed and goes back into nothing." This is one of the recorded sayings of Democritus. Substances are changed by the breakdown of atomic combinations ; but the atoms are not lost ; they re-combine to form another body. Lucretius loved to illustrate this great truth by observation of nature, from death and decay on the one hand, from the falling showers on the other, the woods ringing with the songs of birds, the lambs gambolling about the meadows on tottery limbs, thrilled with the sweetness of the new milk, the kine laying down their bodies in the pastures and the glad cities blossoming with children. "*Hinc laetas urbis pueris florere videmus.*" What a wonderful line ! If things could be created from nothing, he points out, the laws of nature would be valueless.

Equilibrium, ἰσονομία. Conservation of energy was not recognised. Ἐνέργεια was a technical term not of the physical philosophers but of Aristotle ; and even so it bore a different meaning from our word energy. Nevertheless the principle of equilibrium or ἰσονομία laid it down that the forces of destruction, *motus exitiales*, were always balanced by forces of creation, *motus vitales*, a notion illustrated thus by Lucretius,

Nec nux ulla diem neque noctem aurora secutast
Quae non audierit mixtos vagitibus aegris
Ploratus mortis comites et funeris atri.

"No night follows day nor does dawn succeed night that hears not the sickly wail of the infant mingled with the mourners' cries beside the black bier."

In other words the anabolic and the catabolic processes, absorbing

and emitting energy respectively, balance each other. But this conception, it will be plain, is not identical with that of conservation of energy.

Character of the Atom, ἡ ἄτομος (οὐσία) or τὰ ἄτομα (σώματα), *principia* or *primordia*. The atom, as aforesaid, is solid, indivisible, indestructible and everlasting. It is far too small to be seem, yet its reality is assured. The drying of clothes in the sun or the penetrating power of smells point to the invisibility of atoms ; so do such things as the wearing away of ploughshares or of a ring upon the finger or of rocks upon which the salt sea beats. A quaint illustration is from the hands of bronze images of the gods, which stood inside the city gates and were kissed away by passers-by.

Limited Number of Atoms and Limited Combining Powers. Though the total number of atoms is infinite, the number of different kinds must be limited or else there would be no end to the variety of compounds that could appear. We should be back in a world little different from the world of magic, where there are no *foedera Naturai*. Atoms also have their affinities : they cannot all combine in all ways, " *Nec tamen omnimodis conecti posse putandumst omnia* ". There are also gases in space which have no combining power at all and are everywhere rejected by the other elements, precursors of the modern inert gases.

Structure of the Atom. The atom is internally composed of a number of least parts, called ἄκρα or *cacumina*, closely packed as the solid simplicity of the atom demands. Differences in the properties of the elements depends upon the number of these ἄκρα and the manner of their arrangement ; but the number of ἄκρα that can be held together, in whatever way they are arranged, is limited. Our conception today is more elaborate, but it has a striking similarity all the same. We suppose that the atom is a sort of solar system, a nucleus with electrons revolving round it like planets in their orbits, which in the element uranium reach a maximum that cannot be exceeded. We have arrived at our conclusion by the experimental method ; but Epicurus, to whom not to Democritus the doctrine is due, reached his not dissimilar one by hard thinking founded upon a mathematical theory of progression.

Gases. The physical philosophers thought of gases much as we do, although they had no name for them. Atoms or molecules are moving freely in space with a great velocity, frequently colliding and altering their course, but without losing speed and without generating heat. Lucretius uses the motes dancing in the sunbeam as an illustration from the visible world of what is proceeding with much greater velocity and violence in the invisible world, an excellent example of analogy. Rather strangely, all the free elements appear as gases to the physical philosophers, who do not recognise gold, iron, lead or silver as elementary substances. It follows that to them all solid bodies must be compounds ; and nearly all those naturally occurring actually are compounds. On the other hand not all gases are elementary : the organ of sensation is a compound of air with a special gaseous element. Air itself is a compound, if Lucretius, II, 581–585 is to be trusted.

Internal Vibration in Solids, πάλσις. In a gas such as air the

molecules are widely separated and move freely ; but if the compound is dense, say a flint, the trajects of the molecules are very short, with rebounds, ἀποκοπάι. All the atoms in each molecule move together, *consociant* in Lucretius's Latin. This vibration in solids does actually occur, though we now know that it depends upon heat ; and it was Epicurus who thought this out. How is it that this subtle-minded, sweet-living man of science has for so long been mistaken for a gorging, gourmandizing Roman ? Surely no man's reputation has been more cruelly misused by posterity !

The Name Element. The word was taken by Lucretius as one that represents the letters of the alphabet. It is from the same root as *alo*, to nourish, and *adolescens* ; and the fundamental meaning is " that which makes things grow ". Put two rows of letters side by side, not unlike but not the same, for instance *ignem* and *lignum*, " fires and firs " in Munro's ingenious rendering, and there is an obvious difference in meaning. Lucretius thought he had found here an admirable analogy for the different properties of chemical compounds which will result from slightly different arrangement of the combining atoms, and so introduced the word element into science for the very purpose for which we use it today. All the same we do not owe it to him but to Aristotle, whose paltry στοιχεῖα, earth, air, fire and water, it translates.

The Indeterminate Atomic Swerve, παρέγκλισις, *clinamen.* In the world of Democritus, the atoms were in constant movement in every direction in virtue of necessity ; but Epicurus is open to criticism for substituting a movement in parallel straight lines. He put forward a theory that in its journey an atom would swerve slightly from its course and be brought thereby into collision with another atom, which in turn would be knocked out of its course and affect another, and so on. Hence the Democritean motion was restored ; but in as much as no one could foretell to what atom and at what moment the swerve would occur, probability, not necessity, lay at the root of the matter. One is reminded at once of the indeterminancy of the electron. Epicurus required some principle in his universe in which effect did not follow cause, in order to establish the doctrine of free-will, upon which his ethical system depended. " It were better " he said, " to follow the stories about the gods than to be a slave to the necessity of the physical philosophers ; for the former suggests a hope of placating the gods by worship, but the latter involves an implacable destiny." His theory, therefore, though erroneous is not foolish. Yet principles of indeterminacy, whether ancient or modern, do not really explain free-will. Between " This is the law, thou shalt ", and " This is the probability, thou wilt ", there is not so much difference. One must seek for solution in another direction.

Certain Technical Terms. In themselves technical terms may be rather dull, but they are (or should be) at least evidence of clear thinking. Here are some of the atomists'.

Combination, σύγκρισις, *conciliatus.*
Compound, ἄθροισμα, *concilium.*
Breaking down, διάκρισις, *discidium.*
Configuration, διαθιγή *figura.*
Formula, ῥυσμός, *ordo.*

The Infinite Universe. Three arguments are advanced for the infinity of the Universe. It can have no extreme edge, for if it had there would have to be something outside to bound it : that something itself would not be part of the whole ; yet there is nothing that is not part of the whole, therefore there can be nothing outside it to bound it.

Imagine a man with a javelin, who takes his stand at the extreme edge and hurls his weapon with all his might : either it will go forward or it will strike something.

Again there can be no boundary. One might, I suppose, substitute for the man with the javelin the nebulae, which are supposed to be receding into space with enormous velocity. Whether they go on for ever into space or encounter something that obstructs them, there must always be something beyond them.

The third argument has a more modern flavour. If the matter in the Universe were included within a boundary, then from infinite time it would be drawn together by gravity into one mass, condensed into a world without space and without heavenly bodies. It follows next that since the Universe is infinite, there must be an infinite number of worlds, that some of these must resemble our own, that there must be life upon them of the sort with which we are familiar and, finally, replicas of man himself. This Lucretius asserts with much solemnity.

The Birth of a World. Here and there in the Universe, by necessity (Democritus) or by chance (Epicurus), there are clouds of atomic gases. We are accustomed to think of such clouds as consisting principally of hydrogen ; but to the minds of the atomic philosophers they were composed of a variety of active gaseous elements. The genius of Democritus suggested to him that in these aggregations a rotary movement would take place and led him to bestow upon them the very word that we use ourselves, whirl, *turbo* or δίνη. In fact the δίνη of Democritus, with some difference in chemical composition, is almost identical with our spiral nebula. Yet it gives birth not to a number of earths but to one.

In his wonderfully exact and careful description first the lightest gas flies out to the periphery : this is the light and diffusible *aether*. Next comes the somewhat heavier *aer*. This division of the atmosphere into two layers is a survival of folk-lore according to which the *aether* (αἴθω blaze) supports the heavenly bodies and the grosser *aer* is breathed by man. In the meantime vast chemical changes have occurred in the interior, resulting in the formation of innumerable compounds from the original elements. The majority of these are solid and make up the mass of the earth, which shrinks, wrinkles into mountains and hollow plains and squeezes out the liquid compound water, which floods the plains. The *aether* holds the earth in its close embrace (as the atmosphere truly does) and continues to stream round in one direction, its motion being that of the original whirl. As it goes the sun, moon and stars go with it, and the whole machine Lucretius likens to a water-wheel.

But there is a difficulty in this conception ; for if the upper atmosphere rotates, why does not the lower, and why is the hub stationary ? Anaximenes originally thought of a rotating wheel ; but Democritus, sensible of this difficulty, postulated an internal energy in the heavenly bodies, which drove them round through a

stationary *aether* : I only regret that I cannot say what sort of engines he supposed them to be. Anaximander first laid it down that the earth was a globe, equidistant at all points from the periphery of a sphere : why, then, should there not be beings on the other side of the globe, *suppa vagari*, wandering head downwards as Lucretius puts it ? It is melancholy to have to admit that the poet refused to accept this very obvious conclusion for no better reason than that his opponents the Stoics were in favour of it ! Fortune has decently torn away a piece out of his archetype at this point ; but even so there lies a warning to the student of science against allowing his affect to upset his judgment.

End of a World. This may come about in two ways. Either one world collides with another (Democritus), or else a stable world encounters active elements in space, which render it unstable by acting upon the outer layers first and finally the whole mass (Epicurus), a catastrophe of which Lucretius writes majestically. Whichever be the case, the atoms stream back into space and are available for the creation of new worlds.

Worlds on worlds are rolling ever
From creation to decay,
Like the bubbles on a river
Sparkling, bursting, borne away.

The Universe of Democritus and Epicurus is more optimistically conceived than is our own, for it offers endless opportunities, whereas ours ends in entropy without hope of re-creation (I do not believe so myself). There are considerable differences between us it is true ; yet surely the amount of similarity is very striking ! It might be said that the actors are playing two versions of one play, an older and simpler and a later and more elaborate. Some of them have also exchanged their parts ; yet they are the same players.

Progress. The annual revolution of the sun and planets set these philosophers a puzzle, for which Lucretius offers several solutions culled from various sources. The sensible conclusion to which he comes is that to return a final answer is not the business of one who is advancing step by step, " *haudquaquamst pedetemptim progredientis* ". This is the first use of *progredior* in the modern sense of " progress ". To him as to us science meant progress.

Why then did progress come to an end ? Without doubt the main reason was the lack of the experimental method, for which there was no προλήψις ; nor did such a thing arise by evolution. Advance without experiment became after a time increasingly difficult. Yet experiment might have come into being if it had not been for a historical event of the greatest importance : both the two great races concerned, the Greeks and the Romans, decayed. Between the inhabitants of Athens or of Sparta in their prime and the greedy little opportunists of Juvenal's day there was no resemblance whatever. As for the Romans, it is well known that the original breed was well nigh exterminated in the innumerable wars and that in the meantime Italy was deluged with Asiatics.

We are faced today with a similar problem. Natural selection can scarcely be thought to exist in our highly artificial lives and what

selection there is seems to favour the less desirable types. Surely it is within the power of science to arrest this decay ! To know the good, the fair, the wise, the virtuous and to select them and to discard the base, mean, dull, ugly and degenerate ! If the ideas of goodness, wisdom, beauty, virtue are realities—and I doubt not that they are realities—then it is a duty to distinguish and adopt them. If there is a plan—and who can fail to descry a plan ?—then it is our privilege to range ourselves along with the planner. And these things we must do not long hence, or the destiny of man will not be fulfilled.

The outlook at present is apt to engender pessimism ; but is there not something encouraging in the discovery that what man has seen once he has seen twice, and might, if need arise, see again ? Why, what he sees may really be there, may represent the truth, so far as we can apprehend it ! And the second building, so to speak, is so much grander and more elaborate than the first ; yet the general structure is the same. Our pessimism today is largely due to our inability to see things whole. Will some new Epicurus arise to teach men how to live wisely, sweetly, soberly, beautifully in a world made clean and bare by science ? Will he wean them away from the all-powerful state ? Will he restore to them an acceptable doctrine of free-will ? Will he show them once more how to commune with the divine, inculcating a religious feeling, founded not upon guilt and fear but upon love of beauty and love of wisdom ? If none such should appear, we must find the way ourselves. Then indeed it will be seen that science has restored the destiny of man. Then indeed will her future be glorious ! Here at least, in this School, science is a philosophy and no man nor woman is a technical servant of industry—nor of militarism.

The world's great age begins anew,
The golden years return,
The earth doth like a snake renew
Her winter weeds outworn :
Heaven smiles, and faith and empires gleam,
Like wrecks of a dissolving dream.

Another Athens shall arise,
And to remoter time
Bequeath, like sunset to the skies,
The splendour of her prime ;
And leave, if nought so bright may live,
All earth can take or Heaven can give.

Saturn and Love their long repose
Shall burst, more bright and good
Than all who fell, than One who rose,
Than many unsubdued :
Not gold, not blood their altar dowers,
But votive tears and symbol flowers.

GHOSTS AT GUY'S

A true story

THE incident to be described occurred during a very thick November fog while I was House Surgeon to Mr. Clement Lucas. There does not seem to be much difference in the density of the worst fogs of today and those in the early years of the century but some apparent improvement may be due to modern lighting. In the old days streets and public places were mainly lit by gas and, though electric light was largely used for internal lighting, there were no electric signs or brilliantly illuminated shop windows which today add so greatly to the brightness of the streets after dark. The feeble gas lights seemed to light up the fog rather than the objects hidden by it, with the result that these, both animate and inanimate, often had a shadowy and rather unreal appearance.

At the time about which I am writing there was a rumour that a ghostly figure had been seen on several occasions in the dimly lighted corridors of the surgical block. It was said to be attired in a blue coat and knee breeches and when approached mysteriously vanished. A junior nurse on night duty was alone in a ward while the Staff Nurse was away at the midnight meal, when she claimed to have seen a man looking over the top of the screen behind which she was sitting. Thinking that it might be a House Surgeon, she got up but when approached the figure glided down the ward, finally turning round towards her and vanishing. She was found shortly after by the Night Sister in an hysterical condition and had to be sent off duty for the rest of the night. It was generally supposed, I think correctly, that a practical joker was responsible for some of these occurrences and imagination for the remainder.

The following incident occurred on a foggy night in November in the course of my duties as House Surgeon. At about 2.30 a.m. I was called to see a patient in Job Ward (now Lydia). There had been a thick yellow fog all the evening and by this time it was denser than ever. What with the fog and the darkness, visibility in the open was practically nil. I went over to the surgical wards from the college by the subway and so entered the colonnade at the park (south) end. In those days the colonnade was lighted by two gas burners only ; one just over the steps leading to the park and the other at the far end, just in front of the porter's lodge. I groped my way along until the haze of the light by the porter's lodge was visible and then went to the ward by the front staircase. My return journey followed the same route in reverse. Leaving the glimmer of the lodge light behind me, I stepped out into the gloom in the direction of the steps at the far end of the colonnade. No one was about and not a sound could be heard. Soon the haze from the gaslight over the steps to the park became visible and I then found that in the darkness I had swerved a little to the left so that I was only a few feet from the wall which forms the boundary of the present Dorcas ward. In those days this ward was used for male accident cases and was named after Astley Cooper.

And then a strange thing happened : as I approached the light the dim figure of a naked man appeared to emerge obliquely from the wall and float through the air to the far side of the haze, where it at once vanished into the gloom. The whole appearance could not have taken more than a second or two and there was no noise. At first I was astounded and looked to see if the vision should re-appear—but nothing happened. Then I wondered if it could have been imagination but a moment's consideration convinced me that this was impossible. Nor could it be the work of a practical joker for surely the most enthusiastic exponent of this pastime would draw the line at capering about in the colonnade entirely naked during the early hours of a winter morning in a thick fog. Then I recalled the stories of the apparition alleged to have appeared in various places in the surgical block. But there was a striking difference : whereas the ward ghost was not only completely attired and even seemed to have dressed with some care for the occasion, my " spirit " was completely naked.

When I had recovered from my surprise, I walked to the spot where the apparition had vanished. As I expected, this was close to the first of the steps leading down to the park. I then went to the spot where, as nearly as I could judge, it had first appeared. This was close to the wall already mentioned ; but further examination showed that the entrance to the ward was only a few feet away at the end of a recess or vestibule. The entry has since been re-constructed so that the present vestibule is slightly shorter and narrower then the one which it replaced. This made me wonder whether anything unusual might have been seen or heard by the

ward staff. So I went inside. All was quiet and the head nurse told me that nothing had been noticed and that the ward was very quiet since as many patients as possible had been discharged on the preceding day to provide plenty of beds for their take-in week which began on the following morning; all the remaining patients were convalescent and none was seriously ill. This seemed to be conclusive but to make sure that all was well we went round. The patients in the occupied beds were all asleep but at last we came to one which was empty but should have been occupied by a young man who had been admitted several weeks before for severe concussion after a head injury. The bed clothes were tossed aside and on the floor beside the bed was a night shirt. After a hurried search in the ward the alarm was given.

Fortunately, the take-in House Surgeon and dressers had been kept up by an emergency operation and these, together with some others who were available, formed search parties. From what I had seen it was practically certain that the man had gone down the steps into the park which limited the area to be searched. This was fortunate for even today it would be difficult under similar conditions to find a patient wandering and possibly attempting to hide in the park while then, what with the fog, the building going on at the far end, and paraffin lamps from the wards as the only lighting available the difficulties were greatly increased. However, after a search of about twenty minutes the man was found cowering behind a pile of bricks at the far end of the park. A stretcher and hot blankets had been prepared and he was soon back in the ward.

Next morning he had recovered from the immediate effects of his exploit and was rational in his speech and clear in his mind. When questioned he stoutly maintained that he remembered nothing of the events of the previous night until he was found behind the bricks. He did not know where he was or how he got there. Later on his relatives were interviewed and they said that he had never been a sleep-walker and certainly had never before had any similar attack of loss of memory and wandering. Rather surprisingly he did not have any complications from his half hour exposure to the fog and cold. He was kept in the hospital and though carefully watched never gave any further trouble. He was eventually discharged to all appearances quite well.

What was the cause of this attack ? Was it just a bad nightmare ? Or was it somnambulism ? Or some after affect of the injury ; or some combination of these ?

The weird and ghost-like effect was chiefly due to the fog and the dim light ; but it was increased by the absence of any noise, the floating through the air effect and the apparent oblique emergence from the wall. All these can be explained. Most likely he had some sort of dream which suggested an urgent need to escape. As he got out of bed his night-shirt may have accidentally slipped off. He had to walk the whole length of the ward, but as he was bare-footed he made no noise there or afterwards in the colonnade. Having opened the ward door he may have hesitated on seeing the fog and then, hearing footsteps approaching, crouched down in a corner of the vestibule to avoid discovery. When I got so near that he could just see me he tried to escape by taking a flying leap towards the light. This would explain the oblique direction of his apparent emergence from the wall and also the floating through the air effect. Possibly he got lost in the darkness of the park and when consciousness returned, was unable to find his way back to the ward. But the mystery was never cleared up. *If* I had returned to the College without enquiring in the ward, and *if* the man had remained hidden in the fog until he heard me go and had then come to his senses and returned to the ward as noiselessly as he had left it, I might have continued to think that I had really seen a ghost.

P.T.

SOUTH WALES AND MONMOUTHSHIRE GUY'S HOSPITAL SOCIETY

A very enjoyable Dinner was held in Porthcawl on the 17th October, with Mr. Clement Spiridion in the chair.

The next Dinner Meeting will be held in Cardiff on March 27th, 1954, to coincide with the Wales v. France International Rugby Match.

CORRESPONDENCE

Letters to the Editor of the Gazette

Professor G. Stead's Retirement

SIR,—At a recent cocktail party given by the President of the Students' Union, Dr. Keith Simpson, a salver was presented to Professor Stead by the Chairman of the Union on behalf of all Guy's students. It was meant as a mark of our appreciation of his many services to Guy's, and in particular of his having taught the majority of us our Physics. As the Chairman remarked, a considerable achievement !

May we link our sentiments with those of everyone at Guy's, and wish that throughout a long and happy retirement Professor Stead will find occasion to visit us often.

Yours, etc.

R. M. CLARK,
Hon. Secretary Guy's Hospital Students' Union.

From Professor G. Stead

SIR,—May I through your columns express to the members of the Students' Union my deep appreciation of the kindly and generous spirit that led them to present to me on 7th October a most attractive and handsome silver salver, which I shall always treasure as a memento of the happy years I have spent in Guy's? It seemed to me particularly appropriate that this presentation should have been made at a charming party given by Dr. and Mrs. Keith Simpson, at which so many of my former students were present, for Dr. Keith Simpson is himself one of the oldest of my friends and former pupils. I was much touched by the warmth of my reception, by the many flattering things said about me, and by the delightful informality and friendliness of the occasion. Of the many Guy's students who have passed through my hands during the past thirty years, not a few are now distinguished members of the Staff. It means much to me to be able to feel that, not only those with whom I have been in daily contact, but also large numbers of present and past students still remember me and have happy recollections of the times when we worked together in the Physics Department.

My wife desires to join me in expressing our grateful thanks, and in wishing all my old pupils long life, great prosperity and every happiness. May Guy's go on from strength to strength, and may its great traditions never be forgotten.

Yours, etc.

G. STEAD.

The Superintendents of Guy's

SIR,—In his most interesting article on the Superintendents of Guy's Dr. Brewin mentions that neither Bright nor Addison were trained at Guy's. In those days students often travelled widely in pursuit of medical education but it is, perhaps, of interest to recall that Bright, Addison and also Hodgkin were all graduates in medicine of the University of Edinburgh.

Yours, etc.

IAN MACKENZIE.

Medical History

SIR,—I was interested to see a plea in *Passim*, for lectures on medical history. Surely Sir, it has always been part of the Guy's tradition to teach the history of medicine where it was made—at the bed side ?

It was certainly my experience as a student that both the Registrars and Consultants were always teaching medical history on ward rounds. In this manner, a little at a time, one was gradually acquainted with most of the great names of medicine, especially those who walked the wards of Guy's.

For the materialists, some knowledge of medical history is not without value at examinations, but if taught by lectures the whole subject would tend to be just another burden to students, and as such would be spurned by those who might otherwise have been interested.

Yours, etc.

B. H. BASS.

R.A.M.C. Officers' Mess,
Tidworth, Hants.

" Would you like ? " : *Quot homines . . . .*

SIR,—I cannot agree with your correspondent who would like to be given his orders with military brusqueness. The arrangement of beds in rows and the early hour of breakfast may, perhaps, lead him to think that he is in a military establishment, but there are some notable differences : to take only two, there is no Commanding Officer before whom he can be summoned to stand trial for a breach of discipline under Queen's Regulations. And he can, if he wishes, say NO to any request, and, in hospital terms, " discharge himself."

For my part I take the opposite view. A stay of six months has given me ample time to appreciate and admire the good temper and good manners of nurses. I can honestly say that in no other period in my life have I heard fewer cross words, although nurses have to deal with patients who are often exacting and crotchety. Moreover, they frequently work over-time without fuss (or extra pay) ; where else would that happen in England today?

If I have criticisms, and I know it is ungracious to have any where so much is done so well, I might perhaps complain of the extraordinary noises which used to come out of the ear-phones, supposedly from the Third Programme (and still do as often as not), and also of the ramshackle nature of the trolleys and chairs. The windows are cleaned with unfailing regularity, the lights are kept in order with admirable aplomb, but I have never yet sat in a chair that did not squeak (and have frequently sat in one that collapsed), nor yet seen a man with an oil-can.

But it is ungracious to criticize and my intention is really to express gratitude for so many kindnesses so willingly done, and with such unfailing good manners.

Yours, etc.

Barnabas Ward,
Guy's Hospital.

Bed No. 19.

Guy's Theatre Club Ball

SIR,—On Friday, 20th November, the Guy's Theatre Club is holding its Third Annual Ball at Bush House Restaurant, Aldwych. Our past two functions have been such a success that we think the Ball is now established as an annual affair. Sir Heneage and Lady Ogilvie will receive guests between 7.30 and 8 p.m., a buffet supper will be served during the evening and the bar will remain open until 1 a.m. Double tickets, which include the cost of the buffet, are price 30s. and can be obtained from the Honorary Secretary, Guy's Theatre Club, Guy's Hospital.

Yours, etc.

G. C. GOULD,
Hon. Secretary, Guy's Theatre Club.

THEY CARRY THE TORCH

Over a thousand young people from hospitals all over London took part in a pageant of nursing at the Royal Festival Hall on 6th and 7th October. Eighteen epic scenes depicting nursing from the time of Æsculapius to the present day were performed.

Nurses and students from this hospital were featured in one of the most moving scenes of the pageant, in which Florence Nightingale was tending the wounded in the Crimean war. The darkened stage was strewn with the groaning, blood-stained bodies of the fallen, while this heroic woman and a handful of nurses gave what sustenance they could. During the scene, lamps were shining among the choir as it sang, giving the whole a breath-taking, celestial effect. At the close, the moving sight of the dying stretching out their hands to " the lady with the lamp," brought tears to the eyes of many in the audience.

Lady Mountbatten of Burma, President of the Royal College of Nursing, and Rt. Hon. Iain Mcleod, Minister of Health, both saw the pageant and congratulated the cast. Mr. Macleod concluded by saying that he thought although the technique of nursing had changed so much as we had advanced from the times of herbal remedies to modern antibiotics, the ideal of nursing remained the same. He went on, " Dedicated to the relief of suffering by whatever means in her power a nurse stands as an example of selfless love and devotion unparalleled through the annals of time."

I.S.M.

SPORT

UNIVERSITY COLOURS

The Warden of the Purples of the University of London has sent the Clubs' Union a letter announcing the award of Colours to the following :—

Miss A. Pountain : Squash—*Purple* ; J. F. Groves : Athletics—*Purple* ; D. Croll : Golf—*Purple* ; D. Holmes : Golf—*Half-Purple.*

RUGBY FOOTBALL

Guy's *v.* Aberavon
October 10th, 1953
Result—Lost 3–0.

This game was watched by over 5000 spectators. Guy's went on the field full of confidence, despite a weakened side and though we lost, it was an honourable defeat to a very strong team. The first ten minutes produced indifferent football from both sides and ended with an Averavon forward, breaking from a line-out just outside our 25 and going out to score near the corner flag. Immediately the hospital responded with some very strong and straight running by the backs. Loose passes were infrequent and our defence was sound. Time and time again Guy's went up almost to the line only to be thwarted by some fine covering and determined tackling ; Hawley was the best three-quarter on the field. It was sparkling open play with the backs throwing the ball about.

In the second half the hospital pack gained the ascendancy over much heavier opposition in the tight and loose scrummages, and Hobbs hooked well. If it was not Hawley and Kingston on the left it was Hackett and James on the right who were all but over. Howells at full-back was always cool and safe, while in the pack Meredith was outstanding. Kirkbride is to be congratulated on the way he led and encouraged his side.

Well done Guy's and may we see more of this type of Rugby.

Oct. 10th	Aberavon ..	3	Guy's .. 0
	Old Westcliffians 'A' ..	9	Guy's 'A' .. 0
	Guy's Extra 'A'	19	Old Westcliffians 'A' .. 11
*Oct. 17th	Guy's ..	14	Bedford .. 9
	Bedford Wand.	0	Guy's 'A' .. 0
	Old Storfordians	0	Guy's Extra 'A' 27

**To be reported in our next issue.*

CRICKET

At the Annual General Meeting held in Classroom I on October 15th, the following Officers were elected for the season 1954.
Captain : N. R. Cooke ; Vice-Captain : M. F. H. Willis ; Secretary : M. Mackenzie.

HOCKEY

Guy's *v.* Burnt Ash
At Honor Oak Park
Result—Lost 1–5

Burnt Ash defeated Guy's by more constructive and speedier Hockey, they took full advantage of the Guy's mistakes and slowness in clearing.

Guy's scored in the first minute of the game. Cooke had a good run on the right wing and scored himself. Burnt Ash however were not unsettled and settled down to score four goals before half time. This was due to good passing on their behalf and slowness on the defence's part.

The second half started with a fifth goal for Burnt Ash. Hereafter, however, Guy's had more of the play. They attacked often, but couldn't score, and on this note the game ended.

The Burnt Ash forwards shewed the advantage of passing through the gaps, and running on to these passes. Laney, at right-back for Guy's was solid and a mainstay of the defence.

LADIES' HOCKEY

Guy's *v.* The Royal Free Hospital
On Wednesday, 21st October
At Honor Oak Park
Result—Won 4–0

The Royal Free Hospital managed to muster only ten players to meet Guy's at Honor Oak Park. Having suffered defeat at the hands of the Royal Free many times, Guy's determined to drive home their advantage and for the first time on record defeated their opponents. The score should have been twice as many in favour of Guy's, but for the inaccurate shooting of the Guy's forwards.

Scorers : Byrne 1, Platt 2, Roberts 1.

GUY'S HOSPITAL MOTORING CLUB

The next meeting of this club will be held on Tuesday, 10th November, at 5 p.m., in the Dental Theatre, when Mr. George Abercassis will give an illustrated lecture.

On Saturday, 14th November, we are running a 75 miles Night Navigation which will start at 5 p.m. in the Hospital Car Park and finish at the Ballentyne Hotel, Forest Row, Sussex at about 8.30 p.m.

One inch O.S. Map No. 183 will be required and a road map of S.E. London area or O.S. Map No. 171.

Entries 5/– per vehicle and suppers 6/– each must be received by Wednesday, 11th November.

OFFICERS and COMMITTEE for 1953–54.

President : H. R. B. Fenn, F.D.S., D.D.S.
Vice Presidents : H. H. Kenshole, D.S.O., F.D.S., L.R.C.P., M.R.C.S. ; M. Malleson L.D.S. ; P. Morris, B.D.S. ; Keith Simpson, M.D. ; F. S. Warner, F.D.S., L.R.C.P., M.R.C.S.
Secretary : J. B. Gray.
Treasurer : J. G. H. Billison.
Committee : H. Hope, M.B., B.S. ; S. C. Jack, ; I. K. Simpson ; R. E. Snow, M.B., B.Ch. ; S. Williams ; P. Vaughan.

SWIMMING

The Inter-Hospital Nurses' Swimming Club Gala was held at Marshall Street Baths on the 15th October.

Guy's Nurses Swimming Club took part, and although they were well placed in most of the events in which they competed, the London Hospital won the *Nursing Mirror* Pre-Eminence Shield. The Westminster Hospital took 2nd place, and Guy's finished at 3rd place.

Championship Race : S. Anderson—2nd place.
Beginners' Race : A. Smither—6th place.
Medley Team Race : P. Persson, S. Anderson, P. Clark—6th place.
Team Race : P. Persson, S. Anderson, P. Clark, S. Oates—2nd place.
Back Stroke : S. Anderson—2nd place.
Plain Diving : P. Clark—2nd place.
Style Contest : S. Anderson—2nd place.

An enjoyable evening was concluded by the presentation of the prizes by Miss Dorothy M. Smith.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL

Applications are invited for the appointment of Registrar (1st Year) in the **Department of Psychological Medicine** (4 sessions per week). Duties to commence on 1st January, 1954. Forms of application, obtainable from the Superintendent Guy's Hospital, should be forwarded not later than the **13th November, 1953.**

GUY'S HOSPITAL MEDICAL SCHOOL

Applications are invited for the post of **Whole-time Registrar** (1st Year) in the **Department of Clinical Pathology**, duties to commence on 8th January, 1954. Forms of application are obtainable from and should be lodged with the Superintendent, Guy's Hospital, not later than **14th September, 1953.**

PASS LIST

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Membership

R. L. Edwards — J. M. Holmes

CONJOINT BOARD

L.R.C.P., M.R.C.S.
Final Examination
October, 1953

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A. Berry	K. L. Lowings
H. R. Bissoon-Dath	W. S. Lund
Patricia M. Boyd	A. G. Malleson
A. M. Brown	H. C. Meredith
J. C. Burt	Sheila M. Mullally
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D. Constad	M. W. Potts
R. W. Edmonds	G. S. Rawson
Joan Endean	C. J. Richardson
G. Gover	D. L. Smithson
B. P. Gregory	J. A. Stevens
D. J. Hudson	Marian A. Wilkinson
N. A. G. Leadbeater	D. H. Williams
E. K. Lee	J. H. P. Willis
	C. F. A. Younger

Medicine

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R. W. Edmonds	O. Morton
*P. J. Frost	E. G. Palmer
E. R. Gibbons	C. J. Pattinson
D. Harris	E. E. D. Tomlin
*L. Yoke Htyan	Marian A. Wilkinson

Surgery

M. R. Alderson	Bridget M. Johnson
*C. Bishop	R. F. N. Jones
N. C. Brooks	J. W. Kirkbride
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W. H. Carling	E. Moran
D. Dodshon	D. B. A. Ofomata
*P. J. Frost	A. J. Pearson
G. E. Fulford	Corinne J. Richardson
A. C. Graham	*A. A. Roe
P. Jenkins	L. Stimmler

Midwifery

D. W. Breese	K. E. Howells
N. C. Brooks	D. J. Hudson
J. Bullen	A. G. Malleson
W. H. Carling	H. C. Meredith
D. Constad	W. P. N. Moore
G. E. Fulford	C. J. Pattinson
D. Harris	A. P. O. Stewart
D. P. Honey	D. H. Williams
	C. F. A. Younger

*Have completed the examination.

UNIVERSITY OF CAMBRIDGE

Pharmacology
Michaelmas Term, 1953
D. A. Gilchrist

UNIVERSITY OF LONDON

General Second Examination for Medical Degrees
September, 1953

D. A. Logan	K. A. Watmore
K. F. C. Muncey	D. Wilson

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

Campbell, A. M. G. Toxoplasmosis. *Proc. R. Soc. Med.*, 1953, **46**, 891.

Campbell, Maurice. The Frequency of Different Types of Congenital Heart Disease. *Brit. Heart J.*, 1953, **15**, 462.

Campbell, Maurice and Forgacs, Paul. Lœvocardia with Transposition of the Abdominal Viscera. *Brit. Heart J.*, 1953, **15**, 401.

CHANGES OF ADDRESS

M. P. Coplans, M.B., B.S., D.A., 1, Palliser Court, Palliser Road, Barron's Court, London, W.14. (Tel. Fulham 3210.)

A. A. Robinson, B.D.S., "Highways," Stevenage Road, Knebworth, Herts. (Tel. Knebworth 2161.)

BIRTHS

BEARD.—On 12th October, 1953, at Guy's Hospital to Mary Davies (née Hockey), wife of Capt. R. G. Beard, R.A.M.C., a second son (Richard Quentin).

BURNS.—On 8th October, 1953, in Nuffield House, Guy's Hospital to Joan (née Harvey), wife of Stewart Burns, B.M., B.Ch., D.A., a daughter (Anne Margaret Joan).

GLENN.—On 27th September, 1953, at Cuckfield Hospital to Beryl (née Williams), wife of R. W. Glenn, M.B., B.S., a daughter (Pamela Ann).

HOOPER.—On September 5th, 1953, at Lurgan Hospital, N. Ireland to Jill Marie (nee Petty), wife of John Morton Douglas Hooper, a brother for Susan Mary.

KARK.—On 21st October, 1953, at West Suburban Hospital, Oak Park, Illinois, U.S.A. to Julia (née Rieck), wife of Robert M. Kark, F.R.C.P., a daughter (Julia Elizabeth).

SICHEL.—On 1st October, 1953, at Welford, near Rugby to Betty, wife of G. R. McK. Sichel, M.B., B.S., a son (William Morley).

SMITH.—On 27th September, 1953, at Guy's Hospital to Sylvia (née Munford), M.B., B.S., wife of Thomas Smith, B.D.S., a son (Graham John Haley).

MARRIAGES

BATES—HUTCHESON.—On 24th September, 1953, in London, Joan Bates, M.B., M.R.C.P., to Barrette Hutcheson of Teignmouth.

BLUETT—WARD-BOOTH.—On 12th September, 1953, at the Queen's Chapel of the Savoy, Desmond Bluett, M.B., B.S., to Elizabeth Ward-Booth.

LEVISON—SHEARER.—On 6th September, 1953, at Southend-on-Sea, Henry Levison, B.D.S., to Jean Pamela Shearer, B.Sc.

SOOTHILL—LAZENBY.—On 4th September, 1953, at Littleham Parish Church, Exmouth, Edward Farrar Soothill, M.B., B.Ch., to Elizabeth Anne Lazenby, S.R.N.

EDS. { E.E.D.T. P.S.B.

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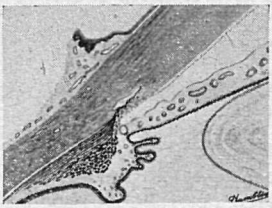

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Hyperpiesis and Diabetes.
Blood Disease.

M.F. 33. DETACHMENTS, CHOROIDITIS.
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GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXVII. No. 1704 14th November 1953 *One Shilling*

PASSIM

Sixty-five

DURING the past eighteen months or so we have noted in the *Gazette* what seems to be an unusual number of retirements from the staff of the Hospital and Medical School. On another page in this issue we record the addition of one more name to the list—that of Mr. Frank Cook. The reason underlying such retirements is not a failing power, or grasp of professional techniques or responsibilities, nor (so far as we are aware) is it a desire to resign from duties which have become burdensome during the course of years. On the contrary, in our view, quite the reverse is true. Skill, judgment, enthusiasm are, in these distinguished men, still pitched at their highest level, much in demand, and constantly consulted. More than that, they have experience : a great deal of it. One might reasonably enquire, then, what it is that compels a Hospital where qualities such as these are clearly at a premium, to relinquish such senior members of her Staff ? The answer, simply stated, is that, under the present regulations governing the National Health Service Administration, 65 is the age fixed for retirement.

This is not the occasion for entering into the *pros* and *cons* of so arbitrary a figure. That there is much to be said on both sides is undeniable. It has lately been concisely summarised on page 29 of their report by the Committee appointed by the Minister of Labour in 1952 to enquire into the employment of men and women in the senior age groups*. Nevertheless, we cannot forbear to indicate, modestly, that Her Majesty's judges, upon whom falls a responsibility as great in their own sphere as that devolving upon those of senior status in ours, are rightly regarded as approaching the acme of their talents at this very age : that archbishops and bishops are known to be powerful factors in church—and state—when well over man's " allotted span " of three score and ten : that the Prime Minister, not to mention the Leader of the Opposition, each saw the light well over sixty-five years ago (and are still, so it would appear, actively endeavouring to demonstrate its existence to the other). Sir Winston Churchill indeed was, at the age of 70 directing, with astonishing energy, the fortunes of this country during the greatest effort of her long history—" Operation Overlord." What if he had been arbitrarily retired in 1939 having reached the age of 65 ?

All this, in a sense, reinforces our point. What we do wish to establish, most emphatically, is the fact that retirement from the

*National Advisory Committee on the Employment of Older Men and Women. First Report. Octob 1953. H.M. Stationery Office.

active staff of a hospital under the present regulations *does not mean retirement from professional life or practice.* Nothing could be further from the truth. Professional private practice, is, happily, bound by no restrictions of age. It is readily understandable, then, that men who have achieved distinction and success in their profession should view with concern any suggestion that, with the termination of their active hospital appointments, their professional careers are ended. We have good reason to believe that many of those who retired from the staff at 65 are more busily engaged than ever in the practice of their speciality. They resent what some have even described as " Obituary Notices " published in the *Gazette* to mark the end of their active staff appointments here. The consulting staff *emeriti* are, of course, still most potent factors in the clinical, administrative and social activities of the Hospital.

In this connection the *Gazette* is in a dilemma. Despite the fact that many a man would prefer to " slip away quietly " it would be churlish and ungrateful not to mark, in some appropriate way, the retirement of a distinguished member of the staff from the active Hospital duties which have made him, for so long, familiar to us all. How to achieve this without giving the impression of an obituary is a perennial editorial headache. Further, the *Gazette* has another and even more important part to play. This journal is a record of the contemporary happenings at Guy's Hospital and her Schools, and, as such, it has a duty to perform to those who will follow us in the coming years. The serried rows of bound volumes of former issues of the *Gazette* which fill the shelves behind us as we write these words bear silent witness to the importance of such a record. They are constantly examined and frequently consulted on points of history, routine, and tradition. Mr. W. M. Mollison, writing in the current issue of the *Guy's Hospital Reports* gives much credit to the *Gazette* for providing authentic information about the work of Sir Henry Howse in introducing " Listerism " to London. " The *Guy's Hospital Gazette* " he says, " is largely responsible for this note ; editors have always commented on doings in the hospital and these observations are historically very valuable." In our view there would be no " doings in the hospital " were there no distinguished men to " do " them. The history of a hospital is the history of her sons and daughters. Their services among us must be recorded. The affection one feels for them must never be silenced by the bogey of " Retirement at 65." Guy's men do not retire. They submit honourably to the rules governing their appointments. We bid them " farewell " in the knowledge that we shall see them again tomorrow.

Dies irae et vindictae
tenebrarum et nebulae
(*St. Columba*)

With its accustomed catchpenny skill, the popular press has gratefully seized upon the topic of fog danger. They have ingeniously managed to arouse fear among the lay public, as well as satisfying their " silly season " readers. How fortunate it is for them that they have to hand a subject which can be used on the front and leader

pages, in the science column and even on that blasted heath, the woman's page!

The whole situation which has arisen from last year's December fog has been, from all accounts, woefully mishandled. The Ministries concerned have probably talked much, but have achieved nothing. The worried London doctors made a constructive suggestion which has been met by the over hasty ridicule of chairborne gentlemen in air-conditioned Ministries who have scoffed at the intelligent proposals of the doctors, and have belatedly given advice about protection against "smog" (a dreadful word) which they cannot possibly hope to implement in time for this year's contribution, if it comes.

The problem of smoke abatement has been before us, our fathers and our grandfathers and, to our discredit, we are in actual practice no further forward than were the Victorians, although unlike them, we *do* know ways of avoiding this profound and recurrent public nuisance. The time for use of our knowledge is at hand. Scientific design of chimneys, intelligent use of fuel and creation of "smokeless zones" would seem a more timely task than the invention and distribution of protective devices. Smoke and fog danger must be eliminated ruthlessly. This is the only way of preventing disasters such as that of 1952.

Although little is being achieved nationally, it is good to know that some municipalities have started their own schemes and the work recently done in Manchester holds out interesting possibilities. These can be followed up in the City of London's new campaign to establish a smokeless square mile by rigorous control of open fires in offices and the enforcement of smokeless fuels.

In spite of the real gravity of the position, there is no doubt that there is a humorous side to it, bizarre though the humour may be. Have we another reflection of the much vaunted British humour in the face of catastrophe? After all, one of our most popular newspapers assures us that, though simple and businesslike, white taped smog masks (revolting expression) are more suitable for the office; ladies might well recapture the mysterious oriental charms of the yashmak by wearing special "evening smoggers (Ugh!) of chiffon in black or gay matching colours."

In fact, they would have us believe that nowadays the "dress sense" of the woman-about-town may have to be used in the difficult choice between hats with, so to speak, built in masks and the new artistic nosebag style. Whether the nosebags can be filled with "smog rations" is not disclosed.

Glamour for ever; even in respiratory adversity!

We record with deep regret the death of Mr. C. J. Conway, K.C., for many years a Governor of the Hospital. An obituary will be published in our next issue.

We extend our hearty congratulations to Mr. Frank Cook on his appointment to the South West Metropolitan Regional Hospital Board.

Professor F. Nuboers of the University of Utrecht visited Guy's

on Friday, November 6th, when he lectured on "Tumours of the Suprarenal Gland." His excellent English and interesting subject combined to make this a memorable occasion, while the crowded Anatomy Theatre and enthusiastic reception were ample proof of our appreciation.

Mr. Atkins, in introducing the lecturer, delighted the audience by telling them that one of the principal reasons for Professor Nuboers' visit to London was to buy a new rifle for his sport of big game shooting!

We hope that we shall have an opportunity of printing his lecture in a future edition of the *Gazette*.

Mr. J. D. Trethowan, whose appointment to a consultant post we announced recently, remains on the strength of the E.N.T. Department at Guy's, as he is still nominally Chief Assistant, though engaged in the Senior Registrar exchange scheme. We apologize for any misconceptions which may have arisen from our previous congratulatory announcement on his senior appointment.

In a recent *Passim* devoted to the teaching of medical history, we seem to have created the false impression that all the great men whose names we mentioned were, in fact, dead. We would like to to point out that all we did was to provide these gentlemen with tombstones (albeit printed), and emphatically deny any premature attempts at entombment, actual or metaphorical.

Mr. J. Benson, chief technician in the Clinical Research Unit at Guy's, recently achieved an unusual sporting distinction. On 6th September, at a Model Yacht Regatta at Le Visinet, near Paris, a model hydroplane of his own construction achieved the highest speed of the day (72.4 m.p.h.). We congratulate him on this fine performance on foreign waters.

GUY'S DIARY

NOVEMBER			Exhibition. Department of Surgery. *Obstructive Jaundice.*
16th	M	1.00.	Mr. R. J. Cann. Clinical Lecture.
18th	W		Rugby 1st XV v. Cambridge University (H.O.P.).
19th	Th	5.00.	X-ray Meeting. Gordon Museum.
20th	F	1.00.	Dr. R. Kauntze. Clinical Lecture. *Thrombophlebitis Migrans.*
		2.15.	Combined Round. Pre-Clinical Classroom.
21st	S		Rugby 1st XV v. Rosslyn Park (H.O.P.).
23rd	M	12.00.	Mr. H. H. Kenshole. Dental Clinical Lecture. *Aches and Pains and Toothache.*
		1.00.	Dr. E. H. Rink. Clinical Lecture. *Anæsthesia Old and New.*
24th	T	1.00.	Mr. O. G. Morgan. Clinical Lecture. *Ophthalmology and the General Practitioner.*
26th	Th	1.00.	Mr. R. S. Lawrie. Clinical Lecture.
		5.00.	X-ray Meeting. Gordon Museum.
27th	F	1.00.	Dr. Maurice Campbell. Clinical Lecture.
		2.15.	Combined Round. Pre-Clinical Classroom.
28th	S	10.00.	Clinico-Pathological Meeting. Clinical Theatre.
			Rugby 1st XV v. Coventry (H.O.P.).

CHRISTMAS CARDS

Christmas Cards are on sale in the *Gazette* Office, 6 St. Thomas Street, S.E.1. Prices are 6/6d., 3/6, 2/6d per dozen including envelopes (*per post 6d. extra*).

Early purchase is advisable.

OBITUARY

SIR NORWOOD EAST, M.D., F.R.C.P.

Sir Norwood East died at his home at Crowthorne, Berkshire, on 30th October at the age of 80. He qualified at Guy's in 1897 obtaining the M.D. (London) in 1901. He entered the Prison Medical Service and for some years was Senior Medical Officer at Brixton Prison and later became Medical Inspector of H.M. Prisons and, for eight years prior to his retirement, was H.M. Commissioner of Prisons. After his retirement from Government service, he became lecturer in forensic psychiatry at the Maudsley Hospital Medical School. His distinguished career saw great changes in prison administration and forensic psychiatry, many of which were due to his work. He wrote several books on his subject and many learned papers.

He received a knighthood in the 1947 Birthday Honours for his services to the study of criminal psychology. In 1950 he and Lady East celebrated their golden wedding and to her and her daughter we express our sincere sympathy in their bereavement.

NEW EXTENSION TO THE MEDICAL SCHOOL

On Wednesday, 14th October, 1953, the last 2nd M.B. class was held in the old Chemical Physiology laboratory on the ground floor of the Medical School. This room, on your left through the glass screen as you enter the School, was opened, Mr. A. Baker tells me, in 1895 and later improved. Classes have been held in it continuously since (except during 1940–1945), and thousands of students must have known its rather narrow benches ; there will be many who will regret its passing. For more than fifty years Baker himself has helped diffident and shy students in many ways, including especially those needed at the 1st Conjoint Examinations.

To replace this venerable room a new teaching laboratory, with accommodation designed for about 56 students, has now come into use on the top floor, over the existing administrative quarters. There is also provided a Preparation Room and a smaller laboratory which can accommodate six students of B.Sc. standard. Below these rooms lie a Respiration Room and two research laboratories for the Department of Physiology, together with a Ph.D. Laboratory, three research rooms and a technicians' room at present allocated to the Department of Biochemistry and Chemistry. This Department will now be able to accommodate all its staff and teaching activities on the top two floors of the Medical School and will be able to extend its postgraduate and research undertakings. It is to be hoped that a corresponding gain in teaching efficiency and scientific output may result.

Those interested in history may like to walk from the old large Chemical Laboratory (equipped in 1931) through the Preparation Room to the new Biochemical Laboratory. They will notice the change in ideas and materials considered suitable for laboratories during the past twenty years, and this is emphasised by the design of the new students' benches, which are meant to be copies of those in the large Chemical Laboratory. The use of plastics for taps and bench tops and the design of the fume-cupboards may be of special interest.

Visitors to the new extension will be welcome, of course, and there is one further point which ought to be emphasised. This is that it is very much hoped that students and staff in all stages of their careers will continue to make use of the facilities of the new quarters as they did of the old. Although we are physically now less easily accessible, we have improved services and we shall try to maintain the same welcome and readiness to give help as has been traditional on the now deserted ground-floor.

The architects of the extension were Messrs. Young and Hall, and the consulting engineers, Messrs. Hoare, Lea and partners. It was built by Messrs. Ashby and Horner, and laboratory fittings were mainly by Messrs. Charles Hearson & Co. All who had anything to do with the work will know that the untiring efforts of Mr. W. F. Cook played a major part at all stages in its accomplishment.

G.A.D.H.

FRANK COOK

AN APPRECIATION

IT must come as a surprise to many to learn that the time has come for Frank Cook to leave the active staff of Guy's after twenty-eight years as Obstetric Surgeon and to become Consulting Surgeon Emeritus. He has changed so little over the years and has so long maintained his youthful and engaging manner that one forgets how long it is since he first came to Guy's from Mansfield, near Nottingham, in 1905.

He has played a big part in the teaching of Guy's students and still more perhaps in the training of Guy's house officers and registrars. His methods have been quite his own, but very successful. No one who has worked with him as a colleague or as a junior, or who has been his dresser can have failed to learn much : something of gynæcology—a great deal if the firm was an intelligent one—and also something of people, their good points and their human weaknesses. Frank Cook is never dull, and his shrewd comments on matters professional, or concerning persons or events are often most amusing. In any discussion his keen mind always enlightens and usually brings out some point of view not at first recognized. Those who have acted as his assistant over a matter of years have had many an afternoon made entertaining while, at the same time, acquiring much useful knowledge.

Frank Cook early showed a scientific interest in medicine which he has steadily maintained. Sir Arthur Hurst made good use of his talents in his early investigations on the alimentary tract, and to this day Cook regularly reads the *Journal of Physiology* and keeps up to date in much of the recent progress in physiology. He, of course, was one of the very first to recognize the practical possibilities arising out of the discovery of the ovarian hormones and it was mainly due to him that the Department of Endocrinology at Guy's came into being, the first clinical department in this subject to be formed in this country.

Always a quick dexterous operator, Frank Cook has never allowed himself to become a showman ; for one thing, his modesty would not allow him, and for another he always keeps the patient's interests first and bears in mind the possibility of accidents from too much haste. At the present time he shows all his old skill, and he surely has years of active work ahead of him.

There can be few men who get so much interest and consequently enjoyment out of life. Apart from developing his great interest in

people, he has done so many things—not only ordinary things like playing tennis or going racing, but adventurous things like piloting an aeroplane in the 1920's—as did his wife also.

Frank Cook has always been extraordinarily kind and generous to the young man—the registrar, and young consultant—and many (not only Guy's men) must have felt grateful to him for his ready encouragement and for his backing when starting practice.

If Frank Cook sometimes expresses his views on serious matters with a certain sparkle and lightness of touch it does not mean that he is not deadly serious ; his words are carefully chosen and contain much sound sense. It is good to know that we will continue to see him among us, and that we will continue to hear him converse as we have been used to, and will have the benefit of his opinion on many matters, for though he retires from Guy's he will continue in active practice.

We wish both him and his wife " Dick " many happy years of health ; they have been very active workers for the good of Guy's, and Guy's says " Thank you " to both and good luck in the years to come.

Fifty Years Ago

From Guy's Hospital Gazette, 7th November, 1903 (*being an extract from an address delivered to Guy's Hospital Dental Society by its President, Mr. W. A. Maggs*).

" Now, is it not a curious coincidence that the number of registered dental students and practitioners has decreased of late years ? For example, 234 dental students were registered in 1895 as against 161 in 1902. Further, 4,901 practitioners' names were contained in the Dentists' Register for 1895, as against 4,641 in 1902. Comparing the Dentists' with the Medical Register for the above-mentioned years, it will be found that the number of practitioners on the Medical Register has increased, from 33,601 in 1895, to 36,788 in 1902. This great disproportion in the number of men practising these two branches of surgery should not in my opinion exist, seeing the rapidly increasing population of this country, and the greater prevalence of dental disease. It is evident from the figures given that the dental profession is not overcrowded, and the question arises as to why young men do not enter our dental schools . . . . It is to be hoped that you will live to see the day when the resident British dentist will be found in every small town and village, in keeping with the local clergyman, doctor, and solicitor."

(*In* 1952 *the numbers were as follows :—Medical Register* 83,914, *Dental Register,* 15,636.)

Lines written on eating my one hundredth Individual Steak Pie
(with apologies to the College Catering Co.)

A hundred times it's been my chosen fate ;
And now today I watch with wonted calm
The graceful flight of pie towards my plate,
And tell myself the contents cannot harm.

But years ago they used cachectic cow,
And we consumers staged a show of force ;
Then " Salmonella Sweepstake " took its bow,
And ushered in the pure " Hygiencienic Horse."

" Individual "—surely they are not,
When all alike these purging pastries seem,
Save some are cold and others passing hot,
And some are dry and others soaked in steam.

Enough complaining—to the hash in hand,
To eat the object, squat and unæsthetic,
Coffin-like, with sludge and gristle crammed
With powerful sauce as local anæsthetic.—K.A.H.

ADOLESCENCE

A Clinical Lecture given at Guy's Hospital Medical School on 23rd February, 1953

By RONALD MAC KEITH, D.M., F.R.C.P.

Introduction

LADIES AND GENTLEMEN,—Adolescence is the period of continued growth (*Figure* 1) between puberty and full adulthood, a period of physical, intellectual and emotional expanding and maturing.

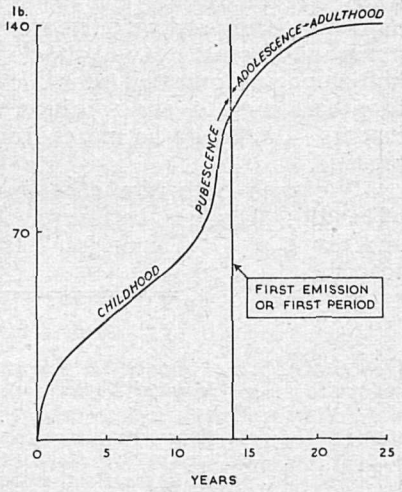

Figure 1

Diagrammatic weight chart from birth to maturity to illustrate terms used and show the weight spurt of pubescence.

In this country puberty is usually taken to mean the onset of spermatogenesis or of ovulation but as these are difficult to detect, we take the first emission of semen and the first menstruation to mark the end of pubescence and the beginning of adolescence, although emissions start some time *after* spermatogenesis while menstruation starts *before* ovulation. The legal age of procreation and marriage is reached at sixteen, but in fact the early years after puberty are a period of relative sterility.

The care of adolescents is done by family doctors, school doctors and factory doctors. The pædiatrician is interested in growth and so he is interested in adolescence.

Growth

Rapid growth is characteristic of pubescence and adolescence and makes them *ipso facto* to some extent periods of strain. There are

A. Growth in height and weight
B. Gonadal growth
C. Development of secondary sex characters
D. Endocrine readjustments
E. Intellectual changes
F. Emotional changes in relation to self, other individuals and to the community.

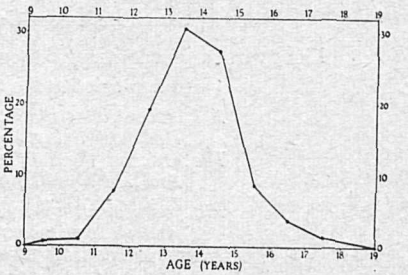

Figure 2

Percentage incidence of onset of menstruation of various ages. (*Ellis*, 1947.)

Puberty probably starts when the hypothalamus stimulates the anterior pituitary to produce luteinizing hormones; these will only act on gonads sufficiently mature to respond.

The Time of Puberty

The time of puberty varies widely. In girls the number attaining

the menarche reaches a peak at 13½ (*see Figure* 2), but in this series of normal girls the actual age of menarche ranged from 9 to 19 years. The time taken over pubescence varies and while the sequence of events is usually the same in all, the details of the pattern also vary from person to person. On an average, puberty comes two years earlier in girls than in boys. Early puberty is sometimes a family trait ; women who have an early menarche usually have a late menopause.

Puberty comes no earlier in hot climates. It is delayed by malnutrition, which probably is the explanation why it comes a year and a half later (on an average) in Italy and Spain than in Holland and Norway (Ellis, 1947). It may be that adolescence is quicker in Southern Europe, for one has the impression that the people there attain to full maturity earlier than in this country. Does the contemporary historian's description of the invading Saxons and Angles apply to the young men of our country today ?

> " Tall and fair of body, with fierce blue eyes and ruddy hair, voracious, always hungry, warmed by strong liquors ; young men having no shame in drinking all day and all night, and coming late to love."
>
> (*Maurois*, 1937).

Physical Growth

The spurt of physical growth at pubescence may be compared to that of the first year visible in Figure 1. A spurt in height gain may be the first harbinger of approaching puberty. Adolescence is more a period of filling out ; but besides this and further increase in height and weight, adolescence is characterised by general fusion of the epiphyses after which of course no further increase in height can occur. If we go into the growth from birth to adult life of various tissues we find they differ among themselves as regards the period at which their fastest growth occurs (*Figure* 3). The brain does most of its growing in early years, the genital tract later on, and of lymph tissue there is even atrophy during adolescence.

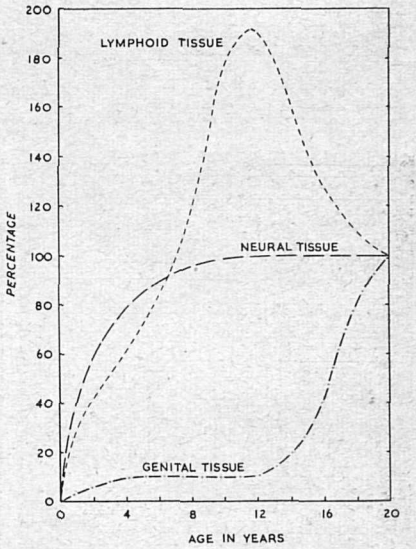

Figure 3

Diagram of growth in weight (expressed as percentage of weight in adult life) of various tissues of the body. (after Scammon.)

Gonadal Growth

In boys the earliest genital sign of pubescence is increase in size of the testes. The criterion of onset of adolescence, spermatogenesis, is established at about the time that pubic and body hair assumes the typically *male* distribution (Ellis, 1947) and soon after this, emissions begin, usually as "wet dreams" during sleep, and develop some periodicity. In girls, as the ovaries develop, follicles undergo maturation, at first without ovulation ; although menstruation results from such follicular development the early periods are anovular.

Secondary Sex Characters

Pigmented hairs on the pubis appear early in pubescence. Axillary hair nearly always comes later, two years later in boys, six months later in girls. The androsterones which cause the hair to grow cause other changes in the skin, including increase in sebaceous secretion which may lead to acne, common enough, but very worrying to adolescents of both sexes.

Breast enlargement is often the first evidence of puberty in girls, and is common in adolescent youths.

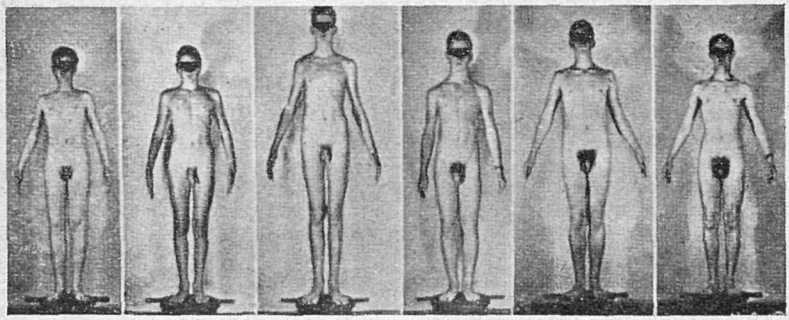

Figure 4
Six boys aged 14¾ *years* (*Gallagher*, 1951).

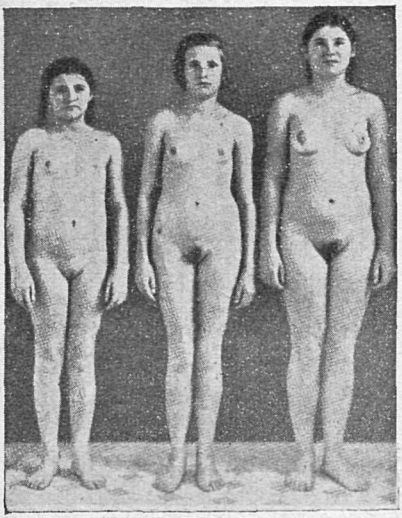

Figure 5
Three girls all aged 13½ *years, each of different maturity.* (*Priesel and Wagner*, 1930, *in Wilkins*, 1950.)

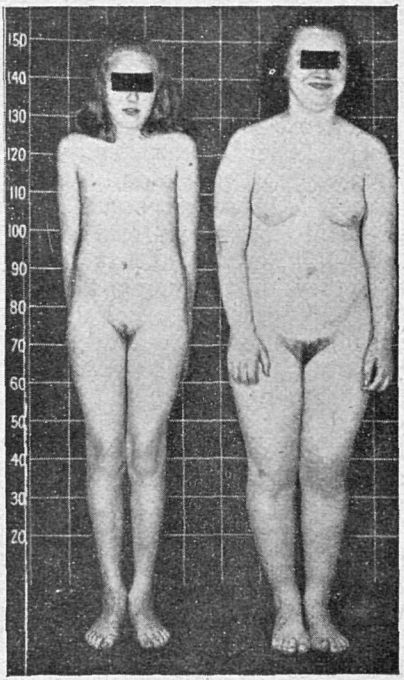

Figure 6
Heterozygous twins aged 12 *years Constitutional puberty.* (*Wilkins*, 1950.

Figure 4 shows six boys all the same chronological age (14¾ years) ; their skeletal ages vary from 13–17¼ years ; their maturity

ratings from 3 to 5 (on a 1 to 5 scale). Figure 5 shows three girls all aged 11¼ ; one is a child, another is developing into a woman. Even twins (if they are heterozygous) may mature at very different ages (*Figure* 6).

As well as doctors, teachers parents and adolescents themselves need to know that real abnormalities of growth are rare and that there is no one best or right way of growing up ; it is, in fact, uncommon to follow the average line exactly. If a small and beardless 16-year-old boy (or his parents) asks for gland treatment, reassure him that boys with a later puberty have a longer period of growing and are usually taller in the end ; and remember to reassure him that he will eventually not be lacking in virility.

These two boys of nearly the same age (*Figure* 7) are very different at 14½ years, but the end results (*Figure* 8) are very similar. Dr. Bishop (1945) recalls a dinner given by an undergraduate at Oxford to celebrate the descent of his testicles.

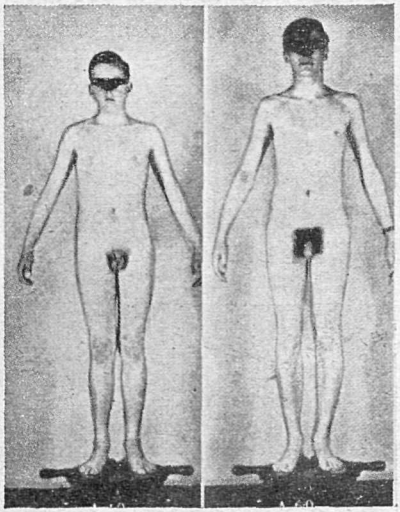

Figure 7
Two boys of similar chronological age but differing widely in sexual maturity and long age. (*Gallagher*, 1951.)

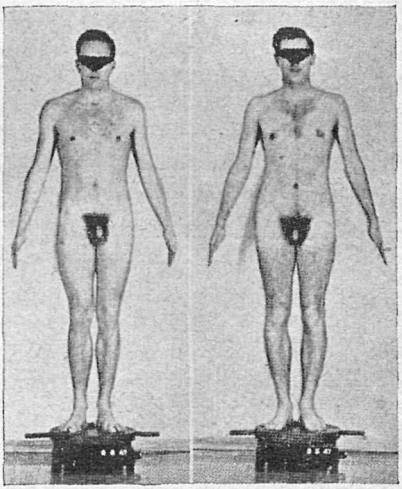

Figure 8
The same two, 8 years later. (*Gallagher*, 1951.)

Hormones and Puberty.

The relation of hormones to puberty in boys is shown in Figure 9 and for girls in Figure 10. In boys the hypothalamus acts on the anterior pituitary which, by several hormones, stimulates the growth of testicular tubules, testicular interstitial cells and the adrenal cortex. It is the androgens produced by the last two which cause growth of hair and enlargement of the penis. A tumour of the adrenal cortex will lead to these two developments but the puberty will be " incomplete " because in the absence of F.S.H. (follicle stimulating hormone) there is no growth of the testicular spermatic tubules. (Androgens in fact inhibit the F.S.H. production of the anterior pituitary.) In girls too, if puberty is to be " complete " the stimulus must arise above the pituitary.

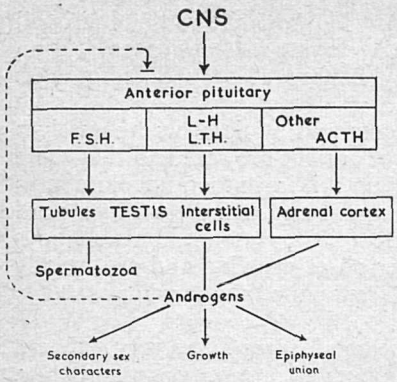

Figure 9

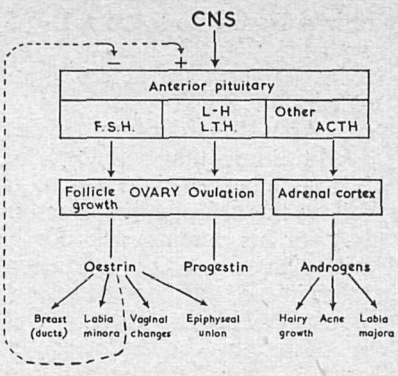

Figure 10

Precocious Puberty

There are thus two varieties of precocious puberty, incomplete and complete. Precocious puberty may arise from four main causes:—

1. *Gonadal*
2. *Adrenal*
3. *Miscellaneous*
4. *Cerebral* (*including constitutional*).

Only in cerebral cases is the precocious puberty a complete one. The reason is clear if Figures 9 and 10 are consulted.

1. Gonadal Cases of Precocious Puberty

These are very rare. In girls a granulosa cell tumour of an ovary is responsible. The affected ovary is palpable on bimanual examination, the other is immature and small.

In boys a new growth of the interstitial cells of the testes will give precocious puberty; one testis being enlarged by the tumour, the other being small and infantile.

In both cases the neoplastic organ produces endocrines causing the appearance of secondary sex characters but there is no pituitary stimulus to the full growth of the other gonad.

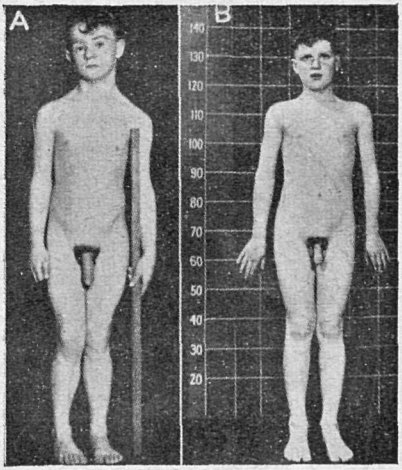

Figure 11

Left :— Incomplete puberty from adrenal cortical hypersecretion; boy aged 5 years.

Right :— Complete early constitutional puberty in a boy aged 8 years. (*Wilkins*, 1950.)

2. Precocity from Tumour or Hyperplasia of the Adrenal Cortex

In boys, if the adrenal cortex secretes too much androgen there will be growth of the penis with-

out growth of the testes (incomplete puberty) and often gynæcomastia. Figure 11 is of a 5-year-old boy with hyperplasia of the adrenal cortex side by side with an 8-year-old boy undergoing an early normal puberty. In girls there is (nearly always) virilism, adrenal oversecretion being much the commonest cause of heterosexual precocity. There may be a tumour or may be hyperplasia of the adrenal cortex. From birth to puberty tumours are commoner. Adrenal overactivity is four times as common in girls as in boys. In girls it may give virilism or virilism with obesity (Cushing's Syndrome). Adrenal cortical oversecretion should be thought of in :

girls aged 5 *with pubic hair*

boys aged 5 *with gynæcomastia.*

The level of 17-ketosteroids in the urine is very high (in contradistinction to what happens in constitutional precocity, where the level never rises above the levels found in normal adults). Adrenal tumours must be removed ; a hypertrophic cortex must never be removed, but it responds to cortisone treatment.

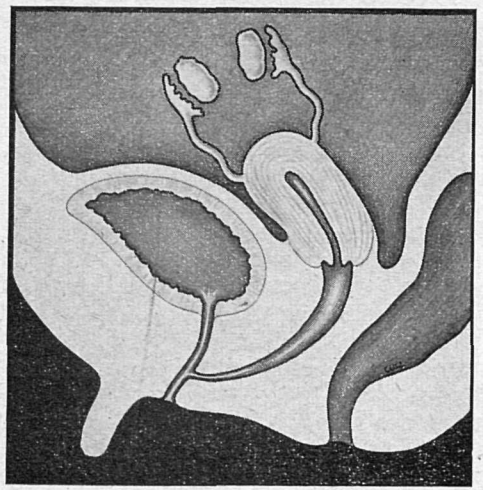

Figure 12
Schematic drawing of the genital tract of a female pseudo-hermaphrodite. (*Jolly*, 1951).

If adrenal cortical hyperplasia occurs before birth in a girl, a female pseudo-hermaphrodite is produced, because the normal development of the genital tract is distorted (*Figure* 12). Pubic hair grows early ; there is a large clitoris and no apparent vagina because this opens into the urethra. There is early fusion of epiphyses. If the condition is not discovered till mentrual bleeding *per urethram* occurs at puberty, the decision as to what sex the person should be brought up in must be decided on what outlook, male or female, he (she) has developed. One is a successful jockey—androgens produce early union of epiphyses !

3. Miscellaneous Types of Precocity

Premature enlargement of the breasts may occur in a girl of 5 years or so without other signs of puberty following until age 12 or 14. It is attributed to an unusual sensitivity of the breasts to the low circulating blood œstrogens. *Albright's Syndrome* of polyostotic fibrous dysplasia, pigmentation and sexual precocity is occasionally seen in girls and even more rarely in boys.

4. Cerebral Causes of Precocious Puberty

(*a*) *Various.*

Precocious puberty is sometimes seen with cerebral tumour, encephalitis and hydrocephalus. The puberty is a complete one.

(*b*) *Constitutional Precocity.*

This is the commonest cause of precocity and it produces simply an early but otherwise normal puberty. The outlook is good except for height. A laparotomy done with the idea of making sure there is no (granulosa cell) tumour of the ovary present is sometimes performed but is rarely necessary. When that very rare condition is present, there is always an ovarian tumour palpable, certainly if a bimanual examination under anæsthetic is made. Even when an ovarian swelling is felt it is usually found at operation to be a follicular cyst in association with constitutional precocity.

These children need (1) psychological care and (2) care because they may become pregnant—as did Lily Medina (*Figure* 13).

Figure 13
Normal pregnancy in a girl, Lily Medina aged 5 years 8 months (Wilkins, 1950.)

Infantilism

When puberty comes *late*, infantilism is present ; i.e., there is a persistence of characters typical of an age less than the patient's actual age. Infantilism is often associated with dwarfism.

(*a*) *Agenesis of the Gonads* may be the cause of infantilism. In girls this is associated with webbing of the neck, an increased carrying angle at the elbows and sometimes coartation of the aorta. Once past the normal age of puberty, such girls excrete a great deal of F.S.H.

(*b*) *Hypothyroidism* will delay puberty.

(*c*) Tumours near the pituitary will produce infantilism. *Fröhlich's disorder* is dwarfism, infantilism and obesity caused by a tumour in the pituitary region ; it is very rare.

(*d*) Other infantile dwarfs are seen who are not fat. They are often called the "*angel child*" or *Lorraine* type of pituitary dwarf (though Dr. de Mowbray has pointed out that what Lorraine described was dwarfism in tuberculous families).

(*e*) Probably the commonest cause of deficient sexual development is a *constitutional late puberty*. In a few years children with this will have developed fully and normally.

Some Psychological Considerations of Adolescence

Adolescent young men and young women nearly always go through times when grown-ups (and perhaps they themselves) find them very difficult. They seem disagreeable, obstreperous, moody and they may be delinquent. The adolescent is adjusting himself to changes in himself and in his relations to others ; adults have to remember that they are no longer entitled to go on considering him as a child, they have to welcome him as a colleague. The adolescent has been likened to the toddler ; both are going out into a new world, alternately wanting and not wanting the independence they are growing towards

and both are liable to tantrums as part of the usual growing process. It is most important to remember that during adolescence, not only does the pubescent become sexually mature, but he also attains to full membership of his society, to which he contributes with his work. The adolescent is no longer happy to be dependent on others.

At adolescence the nice little boy has disappeared ; there is a pimpled oaf with a voracious appetite and crude eating habits. Like the infant he once was, he has sexual and aggressive urges but he has learnt to be self-critical and no longer so self-indulgent. The infant masturbates unselfconsciously. The youth has learnt that sexual pleasures, auto-erotic, homosexual or heterosexual, have to be restricted in various ways.

The adolescent finds his parents out ; no longer are they all-wise and all-strong ; he is ashamed of them ; he retreats from his family for a time to join a gang, a normal homosexual phase in which Rover Scouts, Guides and Youth Clubs can provide for a real need of the adolescent. The gang phase passes into the ordinary adult habit of liking the companionship of the opposite sex, at which stage an interest in appearance and manners reappears.

But fathers and mothers are not totally useless. Some tolerance will help and indeed constant criticism is unfair to a person who is often over-critical of his own capabilities or achievements. A father or a mother may be able to convey—over a period of months, not all at once—useful information about growing up, which may save the adolescent from thinking he or she is abnormal or depraved. Parents can give some independence before the grant is an occasion for a fight ; they may remember that they made mistakes and have survived, or gained from them.

Adolescence is treated differently in different societies. Usually there is some initiation rite, which is related as much or more to adult responsibilities and work as to having reached sexual maturity. It is interesting that difficult behaviour does not seem a necessary accompaniment of adolescence, provided that at puberty the person becomes an accepted working member. The difficulties of adolescence may be because continuing dependence is irksome to a would-be independent.

Adolescents seem to differ in this country and the U.S.A. An American writer has remarked that the American adolescent is conforming, the European wants to be different from his contemporaries (Wilkins, 1948). However that may be, it is likely that many adolescents in both countries have difficulties they would like help in tackling. Of 100 students doing well in their work, 91 said they felt they had problems and of the remaining 9, 3 were described as too dumb to have any difficulties.

Some Problems of Growth at Adolescence

Problems may arise because the wide variations in time, speed and pattern of growth have not been appreciated, but it is hardly surprising that endocrine inbalances do occur at times.

Acne results from over-action of androgens on the skin. The adolescent who comes for treatment should receive a sympathetic hearing and be given symptomatic treatment.

Hirsuties and Acne may be seen in girls whose breast enlargement and

menstruation are normal. It is a temporary phase and œstrogens should not be given for they may lead to an increase in the output of androgens.

Gynæcomastia occurs in 32 per cent. of adolescent males and is not to be treated by giving androgens as it is itself a response to androgens. It is best to wait and watch and if necessary ask the help of a plastic surgeon.

Unilateral Enlargement of the Breast may be the first sign of pubescence in a girl and is an interesting example of a difference in response by the two breasts to the same level of circulating blood œstrogens.

Dysmenorrhœa and irregularity of menstruation may occur. It is the opinion of some, that exercise shortens the period of pain and so complete rest is not necessary for dysmenorrhœa. Menstrual irregularities are not uncommon but if severe a gynæcologist should be consulted.

Maldescent of the Testes in boys is best treated conservatively but in such a case when the age of 12 or 14 years is reached without pubescence, a course of chorionic gonadotrophins is to be given. Bringing down testicles by operation is liable to be followed by sterility—though not by impotence for the internal secretion of the testes is made normally—and operation on both sides is therefore to be avoided, unless there is pain.

Obesity is commoner before and during pubescence than in adolescence. Nine-tenths of these fat children are above average height. The Fröhlich syndrome of obesity and *stunting* produced by a tumour in the pituitary region is *very rare*. Obesity is always due to over-eating but why do these children over-eat ? Some fat children have access to unlimited confectionery in the family shop ; some families have a tradition of good food and big meals. Many over-eat as a neurotic reaction ; " they take out their aggression against their plates and not against other people ". Is this why fat people are good tempered ? Last week I asked a plump girl what she did when she was annoyed. " I rush into the kitchen and stuff food into my mouth " she replied. But obese adults often have a history of having been fat in their teens and obesity of pubescence and adolescence deserves treatment. Explain to the mother and to the child the causes ; see the child is allowed to be independent and not *too* good tempered. Give advice on a diet that will satisfy without too many calories. Dextro-amphetamine is often useful in reducing appetite ; start with a quarter of a 5 mg. tablets t.d.s., a.c., and increase by one half or one tablet t.d.s. until the appetite is less and the weight decreasing.

Precocious Puberty is nearly always constitutional and normal. The unusually early appearance of pubic hair in a girl may well lead to having the urinary 17–ketosteroids estimated in a search for an adrenal cortical disorder, but a laparotomy to look for an ovarian tumour is unnecessary *unless* there is a tumour palpable on bimanual examination.

Constitutional precocity is less common in boys. In them it is easier to find whether the puberty is a complete or an incomplete one, for the testicles are easily palpable.

Late Puberty. This is a not uncommon problem. The boy or girl may come ostensibly about a headache or his height or for a " check

up ", without disclosing his main anxiety. Gonadal agenesis, hypothyroidism and pituitary tumour are all rarities. Sometimes the doctor can detect early signs of pubescence and reassure, but often it is difficult to tell whether a beardless boy of 17 will have a late normal puberty or has pituitary infantilism and dwarfism.

If the boy and his family are undisturbed he may be left for observation. If he or his parents (usually the mother) is anxious, then treatment with chorionic gonadotrophin is right. Sometimes this treatment is followed by a striking increase in mental and physical energy when puberty is induced. Androsterone is *not* good treatment, for it inhibits the hormone output of the anterior pituitary. Girls with ovarian agenesis may be given replacement therapy with œstrogens and progesterin but for girls with pituitary infantilism there is no equivalent to the chorionic gonadotrophin we use for boys.

The Illness of Adolescence

Certain preventive measures are indicated at adolescence. Vaccination against small pox should be repeated, but if it has not been done in infancy, it is better left for a few years. Some give a boosting dose against diphtheria. As regards the other common infectious diseases, the best advice is to have them before adolescence. In Denmark when young people leave school they are overhauled and if Mantoux negative, they are given B.C.G. vaccination. This is a wise general rule and especially for young women because in the age group 15–25 there has been far smaller fall of serious tuberculosis than in any other age group. Tuberculosis is a real danger for the older adolescent girl. Of English girls starting nursing, 19 per cent. are Mantoux negative ; of Welsh and Irish girls, 35 per cent. They may receive a heavy infection as their first dose of tubercle bacilli. On the whole, however, disease and certainly death, is rare in adolescence.

Fainting is not uncommon and has to be distinguished with care from epilepsy.

Albuminuria is often postural—the urine secreted during the night being albumen free.

Hypertension is not uncommon and it often arises from the tension of examination.

Aches and Pains in the limbs may be of postural origin.

Fatigue and Lassitude in girls, may be from a temporary hypothyroidism which may also cause irregular menstruation. It is more often psychological—adolescents " have so much to think about " and some are afraid of the responsibilities of being grown up. Masturbation cannot be held responsible either, though secondary guilt or anxiety can be and one can often reassure young men who come with complaints of headache, etc., by guessing what their real worry is. A study of the Kinsey report on the sexual experience of 10,000 young men is instructive about what is common. It makes one feel far more tolerant about the experiments of young people. The report on 10,000 young women is awaited with interest.

Adolescent Kyphosis is common. The orthopædic surgeon, Blundell Bankhart, said :

> " If you want to know *whether* a girl has kyphosis, look at her back. If you want to know *why* she has it, look at her face."

The girl who suddenly becomes taller than her companions and has pimples on her face, tries to become shorter again and tries to hide her developing bosom by rounding her shoulders.

Educational Failure may be an accompaniment of rapid growth ; perhaps because the youth is preoccupied, " his mind is in a turmoil ".

Crime is largely a disorder of adolescents. A very high proportion of convictions are of adolescents, including theft, housebreaking, and crimes of violence.

The case of Craig and Bentley produced strong emotional reactions in most of us. I think we were worried because Bentley was hanged, because we have some idea of the nature of adolescence with its crude behaviour in manners and in dress, its showing off, its fantasy and day-dreaming, its desire for excitement and desire to defy adults and society.

A large proportion of these delinquents settle down—they mature—into very ordinary citizens, though that does not excuse their behaviour. How do some manage to control their adolescent emotional inbalances and get excitement without running foul of the law ?

How do we Help Adolescents ?

We can help mothers and fathers to guide their children well in early years. Bowlby showed that among 44 juvenile thieves a high proportion had suffered prolonged separation from their mothers in early infancy. One cause of separation is going into hospital ; we can see that if this is necessary, the possible harm is minimized, for only on a good relationship with his mother can a child build up a personality that can make good relationships in society.

During school life we can prepare the child for maturity—already we give information on the three R's and so on, perhaps we should add something about relationships with other people. Sex education, which should be given long before puberty, may help if it is based, not on botany, but on human biology and conveys that

" there's more to marriage than four legs in a bed ".

Adolescent emotional difficulties are absent in communities where from puberty, the person is accepted as an equal member of the community. Giving him responsibility is an important part of helping the adolescent. Doctors must be prepared to respect and listen to these young people.

" The proper care of adolescents requires only that they are treated as adolescents, not as little children, not as adults ; they are not little boys or little girls any more, and they are not adults yet ; they are young people beginning to be adults."

—(*Gallagher*, 1951.)

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Figures 1, 3, 9 *and* 10 *were drawn in the Illustration Department, Guy's Hospital Medical School.*

CORRESPONDENCE

Letters to the Editor of the Gazette

" Tombstones "

SIR,—In *Passim* of your issue of 17th October you prematurely committed to the dust not only Fanconi but, I believe, Hand and Schuller. Henry Christian, second to describe xanthomatosis in 1920, died as recently as August, 1951, but, as far as I know, Hand and Schuller are still alive, though elderly. Professor Fanconi is indeed very active and was lecturing in London only three months ago.

Yours, etc.

Guy's Hospital, London, S.E.1. R. H. R. WHITE.

(*There is comment on this subject in Passim. Editor.*)

Noise during Clinical Lectures

SIR,—In a recent issue of the *Gazette*, reference was made to the frequency with which lunch hour clinical lectures are disturbed by sundry extraneous noises. Often enough these sounds emanate from the legitimate activities of the Works Department, and on that account perhaps, are to some extent worthy of tolerance by those attending the lecture. But a few days ago, when we at Guy's had the privilege of a visit by a very eminent foreign surgeon, the disturbance was not caused by any such agency, but by a group of students who were waiting outside the doors of the Anatomy Theatre. As a result of their activities, it was quite impossible for many of those at the lecture to hear a word that was said during the final fifteen minutes or so. May I, Sir, though the agency of your columns, appeal for a greater observance to be given to those admirable illuminated boxes which read " Silence please, lecture in progress."

Yours, etc.

" DISTRACTED."

PSYCHOTHERAPY

Dr. J. P. Crawford sends this additional note to his article published in a previous issue :—

Projection Techniques

Use of the expression ' projection techniques ' in " Psychotherapy " perhaps requires some elaboration. In my experience three types of activity are included under this heading.

Firstly, there are the interview techniques used by the therapist in his explorations of the mental state. Secondly, there are the formal tests given by the Clinical Psychologist, e.g. Rorschach, Thematic Apperception, Word Association or—in children—Story Completion. Thirdly, there are the occasions when the doctor may himself administer or interpret formal tests, in whole or in part, e.g. if it is possible that disturbance may result or should he wish to use the technique in some special way.

In the first type of projection technique the activity is comparable to surgery, in the second perhaps to radiography and in the third to radiology.

GUY'S HOSPITAL MUSIC CLUB

The Christmas Concert is being held on Tuesday, 15th December, at 7.30 p.m. in the Physiology Theatre. Choir rehearsals are conducted on Tuesdays at 5.30 p.m. in the Chapel. All singers, especially sopranos and tenors, are very welcome.

An orchestra is being formed and we are urgently in need of instrumentalists, particularly string players. Notices, giving details of rehearsals, will be found posted in the hospital.

N.A.P.T.

The National Association for the Prevention of Tuberculosis announce the sale of their 1953 Christmas Seals. They are gay and colourful and provide an attractive way of helping the worthy objects of the Association. Publications, Scholarships and Social Welfare Schemes all depend to a large extent upon the Christmas Seal Sale.

Seals may be obtained at 4/- per 100, and Christmas Cards with envelopes at 6/- per dozen from N.A.P.T., Tavistock House North, London, W.C.1.

THE COLLEGE OF GENERAL PRACTITIONERS

The *First Annual Report of the College of General Practitioners* which has just been published makes interesting reading. It is not widely known that a serious attempt to found such a college was made over 100 years ago and the early pages of the Report of the Foundation Council are devoted to this historical background.

Guy's men will scarcely need reminding that Sir Heneage Ogilvie was a consultant member of the Steering Committee which met early in 1952, and subsequently reported unanimous approval of the projected College, which was, in fact, founded on 19th November of last year.

It is of interest to note that the College's activities are specifically limited to the academic aspects of general practice, though it would appear that the word "academic" is somewhat loosely interpreted when the wide range of the College's established and projected schemes is revealed in this Report. "Undergraduate Education," "Research in General Practice," "Postgraduate Education" must surely include more than the merely academic. Appendix III, p. 39, entitled "The Teaching of General Practice by General Practitioners" contains a most illuminating table—Guy's Hospital has always been much associated with practical, bedside, medicine and thus is widely represented among general practitioners in this country and abroad. It is therefore interesting to note that Guy's is included among those medical schools "planning general practitioner teaching." In this respect Guy's is by no means first in the field. St. Mary's, for example, has, for some years, given regular academic and practical instruction in general practice to her students. St. Bartholomew's on the other hand, beyond an "occasional lecture" is not (apparently) contemplating anything more at present.

This Report should be widely read and discussed. It provides provocative reading.

"That Ye Might Have Life"

Another course of Lectures ?—No ! ;

Guy's Hospital Christian Union extends a warm invitation to every member of the Hospital community to a series of meetings under the above title, especially designed to present in a clear and precise manner the truths of the Christian Faith.

The Rev. P. Marrow, M.A., Vicar of Christ Church, Surbiton, has kindly arranged to come as Missioner to Guy's during the week, 15th–22nd November. He will be in the Chair for some of the meetings, and may also be contacted via the Colonnade Rack.

Besides some meetings to which only part of the Hospital can be invited, we would like to announce the following, open to all.

Sunday, 15th November.	9 p.m. in the Nuffield Nurses' Sitting Room. "Life—Its Goal and Aim." Speaker: Rev. Alan Stibbs, M.A.
Monday, 16th November.	4.30 p.m. in the Physiology Theatre. "Can I know God ?" Speaker: Col. J. N. D. Anderson, O.B.E., M.A., LL.B.
Wednesday, 18th November.	9 p.m. in the Nuffield Nurses' Sitting Room. A "Squash," with address by Rev. P. Marrow, M.A. In the Chair: Rev. W. D. Giddey, B.A.
Friday, 20th November.	1 p.m. in the Physiology Theatre. "The Problem of Human Nature." Speaker: Major W. F. Batt, M.B.E., J.P., Deputy Lieut. of Norfolk.
Sunday, 22nd November.	9 p.m. in the Nuffield Nurses' Sitting Room. "The Way." Speaker: Dr. A. E. Frazer Smith, M.B., B.S., D.T.M. & H.

REVIEWS

An Introduction to Functional Histology. G. H. BOURNE. Published by J. & A. Churchill Ltd., London, 1953. *Price* 21*s.*

The advent of the electron microscope has produced a revolutionary change in histology and the medical student will soon be expected to know something of the appearance of different tissues when viewed through this instrument, which has extended our range of vision almost down to the dimension of the larger biological molecules. Dr. Bourne has written a short book incorporating the results of the work that has recently been done with the electron microscope, and has also attempted to relate structure and function at the cellular level. He points out in his short preface that existing knowledge is rather patchy, and there is no

doubt that the book is unbalanced as a consequence. Nevertheless, if read as a supplement to standard textbooks of histology, the student will find the book of great value, and it will serve as a good introduction to the more advanced textbooks in general physiology such as that of Davson. In a rapidly developing field it is impossible to write a textbook which is not out of date, in some respects as soon as it is published, and some sections will need revision in the next edition, for example, that dealing with collagen and the nature of reticulin. The section dealing with the enzymes of the intestinal tract is particularly clear and informative and should enable the student to have a better understanding of the absorptive processes in the gut. One is a little disappointed that the section devoted to the endocrine glands and the reproductive system are so short, but that may be a good sign, because our knowledge of a given subject often varies inversely with the volume of literature devoted to it ! The illustrations are adequate, and good use has been made of electron micrographs as well as phase contrast photomicrographs, both of which should give the student a better picture of cellular structure than is usually conveyed by the conventional histological textbook. There is a 28 page chapter on technique which should be of value to the laboratory technician. In spite of its " imbalance " the book can be recommended as supplementary reading both to the pre-clinical student and his senior colleague in the wards, and might the reviewer add, the clinical teacher too ! E.J.M.

Pathology for Students of Dentistry. By GEORGE L. MONTGOMERY, T.D., M.D., PH.D., F.R.F.P.S.G., F.R.S.E. St. Mungo (Norman) Professor of Pathology, University of Glasgow. Pp. 305, figs. 145 and 12 colour plates. E. & S. Livingstone Ltd., Edinburgh and London. *Price* 37*s*. 6*d*.

The dental student will be grateful for a book of very moderate size which will spare him the necessity of seeking in larger books intended for medical students the information about the principles of pathology which he is required to possess. His way is now made easy by an attractive presentation in which the simpler things are simply explained and the more complicated ones simplified or plainly declared to be of uncertain interpretation. In fact this book has very many qualities of the right book for the purpose.

Where there will be some disagreement among teachers is regarding the balance of the contents, where a greater emphasis on disorders of bone might have been expected. The omission of rickets (and almost of scurvy) may reflect the rarity of these diseases, but a more detailed account of such everyday matters as the healing of fractures and of osteitis would be much to the student's advantage. We feel sure that the substantial merits of this book as well as its brevity will lead to its popularity and that a further edition will give the opportunity of enlarging those sections which are too brief and of amending a few passages which may be found confusing. For example, why, when the usual distinction between hypertrophy and hyperplasia has just been made, is acromegaly offered as an example of the former ? The illustrations in black and white are well reproduced and, except for a few such as figs. 10 and 97, will be found most helpful. The coloured plates add to the attractive appearance of the book. M.A.R.

Statistics for Medical and other Biological Students. By L. BERNSTEIN and M. WEATHERALL. Edinburgh : E. & S. Livingstone. *Price* 18*s*.

Of recent years there has been quite a clamour in the medical schools for the introduction statistics as an essential study for undergraduate students. The arguments thus are well-founded and largely incontrovertible. This, however, may be said equally of numerous other subjects as well. The curriculum, it is widely agreed, is already full to overflowing. Statistics, therefore, remain " desirable" —until a less worthy subject can be displaced from the course.

Probably the stage at which statistics should first be presented to the biological and medical student is at school, in the sixth form. Mathematical intimacy is then recent and the " logic " of statistics, together with the further light it sheds on the philosophy of experimental science, then might have an especially educational value.

Meantime, even medical students should be encouraged to read beyond their set " text-books ", especially during the year of the First M.B. This book by L. Bernstein and M. Weatherall then comes high on the list of recommendations. It is well-written, clear and not too ambitious.

R.G.

GUY'S HOSPITAL REPORTS. VOL. 102, No. 3.

The current issue of *The Reports* is one of varied interest. Mr. W. M. Mollison in his article " How Listerism came to London " gives the credit for introducing " antisepsis " to London to Mr. (later Sir Henry) Howse who was appointed in 1870 to the Surgical Staff at Guy's. Much of the historically valuable descriptions of early theatre technique in those days is drawn from issues of the *Guy's Hospital Gazette*. Mr. Adrian Hill's account of a " Large Hydronephrosis simulating Ovarian Cyst " is a good example of a diagnostic exercise. But the outstanding interest of this issue lies in the article on " Aortic Homografting " by Mr. R. C. Brock. This account, read in conjunction with Mr. P. L. Brunnen's " The preparation and spreservation of Arterial Homografts," is a revelation as to the scope of arterial surgery. Mr. Brock's six successful cases are fully documented and illustrated—the most striking undoubtedly being that of the replacement of a large abdominal aortic aneurism in a woman of 50.

Dr. G. H. Fisch contributes an account of the treatment by intrathecal chloramphenicol of a child of 13 days old suffering from *E.Coli* meningitis. The striking results shown in a graph on page 231 indicate the success of such treatment used (it is believed for the first time) in the newborn.

In a review of the literature concerning Nephracalcinosis infantum, Mr. R. H. Farrell adds one further case treated at Guy's to sixty other recorded instances of the condition, and shows that " The primary fault is a failure of the proximal renal tubules to reabsorb bicarbonate . . . ."

The potential hazard of selective angiocardiography is clearly emphasized by the report of a death following the procedure from Mr. G. W. B. Starkey and Mr. B. B. Milstein who conclude that " The indications for selective angiocardiography should be more stringent " . . . . They make valuable suggestions which may help to avert similar accidents in future.

Surgical emphasis is rounded off by a neatly illustrated account from Mr. P. A. Lane Roberts of " Hernia through the Foramen of Winslow," which includes a review of the previously recorded cases of this rarity together with details of a case admitted to Guy's last year and also with a record, kindly supplied from the London Hospital, of another similar case in 1911.

Dr. G. P. Baker's account of " Hereditary Hæmorrhagic telangiectasia with Gastro-intestinal Hæmorrhage and Hepato-Splenomegaly " includes a description of a family affected by the condition. The part played by cirrhosis of the liver in such cases is discussed.

Two cases of Polyarteritis Nodosa described by Dr. G. A. E. Baker re-emphasize that " a specific diagnostic test for all cases " is still not available. He states. " The prognosis of both these cases must be viewed with caution because of renal damage. At one time the disease was thought to be invariably fatal. As more cases came to be recognized during life, so the estimate of mortality fell. Fatal cases are now believed to be in the minority." The striking initial benefit obtained by ACTH is again underlined. E.E.D.T.

Aids to Public Health. By LLYWELYN ROBERTS, M.D., M.R.C.P., D.P.H. Seventh Edition. Baillière, Tindall & Cox. *Price 7s. 6d.*

This little volume is packed full of information. A notable addition is an appendix which deals with the procedure in disposing of cases of mental deficiency and mental ill health.

It is recommended as a useful source of concise information about public health matters but it cannot (and does not pretend to) replace the larger works on this important subject. E.E.D.T.

SPORT

RUGBY FOOTBALL

Guy's *v.* Bedford
October 17th
Result—Won 14–9

Guy's continued to show the improved form of last week when they beat Bedford at Honor Oak Park by 14 points to 9. The game, however, started disastrously for the hospital. From the first scrum Armour's pass out was missed and Collingridge dribbled through to score for Bedford after only thirty seconds play. Graham missed an easy kick. Guy's replied immediately when W. Howells landed a penalty. Guy's scored again soon after, when S. Cooke picked up a loose ball on the hospital's twenty-five and sent the three-quarters away. James sprinted down the wing, but was stopped by the full-back, however, the Guy's pack was up to dribble the ball over and Vandenberg scored. Howells

converted the try.

Guy's then scored another try when R. T. Hawley cut through to send James away again, who passed outside to M. Lindsey who scored by the flag. Graham kicked a penalty for Bedford just on half time.

Bedford had more of the play in the second half but some grand defensive play by Howells and Armour kept them out. R. T. Hawley several times broke through the centre for Guy's but bad finishing prevented further scoring. D. C. Kingsley kicked another penalty for Bedford before the close.

W. Howells played well at full-back, his kicking and fielding of the wet ball was excellent. The three new members of the team, S. Cooke, J. Vandenberg and M. Lindsey also had good games.

Team : W. Howells ; J. C. Kingston, R. T. Hawley, W. Hackett, E. O. James ; M. Lindsey, S. Armour ; D. C. Lee, K. Fairweather, J. W. Kirkbride, J. Vandenberg, H. Meredith, P. Honey, S. Cooke, N. W. Glendinning.

Guy's *v.* Old Alleynians

At Honor Oak Park. Result : Won 6–3.

Saturday, 31st October, 1953

After notable performances against Bedford and Paignton this match was somewhat of a disappointment. There was little good rugby and that was supplied by the Guy's side.

For the first twenty minutes the Old Alleynians had the better of the play, their heavier pack securing most of the ball from the " tight " but they were unable to get the ball away. It was the hospital who scored first, thanks to Hawley who weaved his way through half-hearted tacklers following a set scrum in the O.A.'s twenty-five. Shortly after that Armour made a neat break on the blind side to send in C. Evans on the right wing. Neither try was converted.

In the second half Guy's looked the more dangerous side and the forward play in this half was very hard. Missed chances (of which there were many) by the Guy's backs prevented any further scores but the O.A.'s managed to score an unconverted try late in the game after a misunderstanding in the Guy's defence.

At the moment Guy's possess the fastest and most penetrating three-quarter line of recent years and with more understanding many tries will be scored. However, there is a slight tendency for the centres to over-do the work and so neglect the wings.

Guy's *v.* Old Blues

At Honor Oak Park. Result : Won 10–9.

Saturday, 7th November, 1953

Guy's fielded an unchanged fifteen for this match and played into the teeth of a rough wind in the first half. For a long time Guy's never really got going and spent long periods defending in their half of the field. Prospects of a Guy's win were very dim when at half time Guy's were 9 points down, Old Blues having scored 2 tries and a penalty goal. The nearest Guy's had come to scoring was when Pook was crashed into the corner flag.

In the second half the Guy's forwards began to wake up and play was kept well in the Old Blues' half. Many hospital attacks were foiled by close marking and many mistakes and it was Honey who scored two very good tries from lines-out and two very fine conversions by Howells gave the hospital victory.

Team : W. J. Howells ; C. Evans, G. W. Hackett, R. T. Hawley, E. O. James ; M. Lindsey, A. J. Armour ; J. Van den Berg, D. K. Fairweather, J. W. Kirkbride ; C. W. Pook, H. C. Meredith ; N. W. Glendinning, S. Cooke, D. P. Honey.

ASSOCIATION FOOTBALL

Inter-Hospital Soccer Cup First Round

Wednesday, 4th November, 1953

Guy's Hospital 4 Westminster Hospital 3

Guy's went on the field for their first round tie of the cup with rather mixed feelings for they were meeting an unbeaten Westminster side, without their two regular inside forwards due to the new U.H. ruling barring qualified men from playing.

The game opened up in true cup style, hard and spirited, producing good fast football especially from the visitors' forwards, and in the fourth minute a hard drive into the corner of the goal by their centre-forward opened their scoring ; a fine shot following a good forward move. Within two minutes Watmore for Guy's equalised from a forward through pass with a left footed cross-shot from close range, and then five minutes later Guy's were awarded a penalty following a handling infringement. Lipington converted it, with a short that left the goalkeeper helpless, to give Guy's the lead. There then followed thirty minutes with Guy's definitely on top mainly due to the defence, having mastered the Westminster attack, producing a continual supply of passes for the forwards. The opposing defence was playing a dangerous off-side game and Watmore added two more goals, one from a breakaway following a through pass from Horsefield and the other following a good right wing move with an oblique left-footed drive. Thus the first half ended with Guy's leading by three goals which though not a true indication of the relative team strengths was a rich reward for hard team endeavour.

The second half produced again hard fought football but the Guy's forward line lost co-ordination and Westminster came more and more into the game. Fortunately, the Guy's defence was maintaining its first-half form, but even so in the sixty-fifth minute Westminster reduced the arrears following good approach work and then with only six minutes to go brought the score to 4–3. This stung everyone into redoubled efforts and Guy's maintained their lead to the final whistle. The hospital were most fortunate in having Howells to play in this match and he and Lipington were outstanding in a defence in which no one could be faulted and all played magnificently. Praise must also go to the forwards for converting into goals almost every chance offered in the first half.

Well done Guy's ! If this display of team spirit and football can be reproduced we have a bright future in this year's competition.

LADIES' HOCKEY

Guy's *v.* St. Bartholomew's

24th October
At Chislehurst

Result—Draw 4–4

Guy's did well to draw with Bartholomew's. In the first half Guy's attacked hard and were rewarded with a good goal from a short corner by Allin off Byrne. Bartholomew's then equalised and at half time the score was one all.

Bartholomew's then went ahead to 3–1 before Guy's scored again. A further goal to Bartholomew's from a short corner increased their lead. However, Guy's rallied and two lucky goals equalised the score. The Bartholomew's forwards were fast and combined well often piercing the Guy's defence which lacked co-ordination although individually they played well. In the forwards Allin and Maynard, well supported by Byrne, were very good coming back for the ball and attacking hard.

Scorers : Allin 3, Byrne 1.

Guy's *v.* Reading University

At Honor Oak Park. Result : Won 2–0.
4th November, 1953

Guy's won this keenly contested game, played at a good pace throughout, thanks mainly to a very capable defence who repeatedly repelled the attacks of the faster Reading forwards.

Guy's scored after 15 minutes through their right wing, who was very fast and always threatening the Reading goal. Reading came back hard but the Guy's defence stood firm. Guy's scored again midway through the second half, again through their right wing, and the defence had no trouble in holding out until the end, although the goalie had to make one or two good saves.

Guy's made good use of their chances, but their forwards seemed to lack a little of the cohesion of the Reading forwards, tending to attack as individuals rather than as a line. The defence was admirable.

Guy's v. St. Thomas's Hospital at Cobham, Saturday, 31st October. Result : Won 5–0.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL

The Board of Governors of Guy's Hospital invite applications from registered Dental Practitioners for the appointment of part-time Registrar in the **Department of Conservative Dental Surgery** to attend on 6 sessions per week. Duties commence in **February, 1954.**

The post will be subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff in the National Health Service. Forms of application are obtainable from the Superintendent, Guy's Hospital, London, S.E.1 to whom applications should be sent not later than Saturday, **5th December, 1953.**

GUY'S HOSPITAL MEDICAL SCHOOL

Applications are invited for the post of Whole-time **Registrar (1st year) in the Department of Clinical Pathology,** duties to commence on 8th January, 1954. Forms of application are obtainable from and should be lodged with the Superintendent, Guy's Hospital not later than the **21st November, 1953.**

STUDENTS' HEALTH SERVICE

Mass Miniature X-ray

The Ministry of Health mass miniature radiographic unit will be at Guy's from November 17th–23rd inclusive. The days which have been allotted for the examination of students in the Medical and Dental Schools are Tuesday, November 17th and Thursday, November 19th.

Notices have been posted in the Medical School, Dental School, Colonnade and College, giving the times of appointments. Owing to the large numbers of students concerned, it is regretted that the times of individual appointments cannot be changed, and it is hoped that all students will make every endeavour to attend promptly at the time asked, so that examination may proceed rapidly and efficiently.

Should a student find that his name does not appear on the list, he should communicate at once with the Secretary to the Students' Health Service. (Telephone : HOP 3500, Extension 389.)

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

Bloom, Arnold and another. Cortisone and A.C.T.H. in Acute Generalised Dermatitis. *Med. Pr.*, 1953, **230**, 426.

Dinning, T. A. R. and Falconer, M.A. Sudden or Unexpected Natural Death due to Ruptured Intracranial Aneurysm. Survey of 250 Forensic Cases. *Lancet*, 1953, ii, 799.

Fuller, Denis and another. Bronchogenic Carcinoma. A Review illustrated by 100 Cases. *Sth. Afr. med. J.*, 1953, **27**, 874.

Hardwick, Christopher. The Management of Severe Hæmatemesis. *Practitioner*, 1953, **171**, 539.

Horton, R. E. and another. Technique and Value of Aortography. Report of a Case of External Iliac Arterial Graft. *Brit. med. J.*, 1953, ii, 969.

Mac Keith, Ronald. Infant Nutrition and Feeding. *Health Education J.*, 1953, **11**, 196.

Morgan, J. K. Observations on Cholinogenic Urticaria. *J. invest. Derm.*, 1953, **21**, 173.

Poulton, E. M. and another. The Classification of Enuresis. *Arch. Dis. Childh.*, 1953, **28**, 392.

Walther, D. P. and another. Some Cases to Illustrate the Relationship Between Ætiology, Prognosis and Treatment Planning in Orthodontics. *Dent. Rec.*, 1953, **73**, 669.

PASS LIST

ROYAL COLLEGE OF PHYSICIANS OF LONDON

M.R.C.P.

R. A. Bruce J. H. Evans
H. Foster

SOCIETY OF APOTHECARIES OF LONDON

Final Examination October, 1953

Medicine
D. Harris

CHANGE OF ADDRESS

Craigen, A. A., M.B., B.S., 54, Lensfi ld Road, Cambridge, and 56, Trumpington Street, Cambridge. (Tel. Cambridge 2270 and 3379.)

Dennis Malone, L.D.S.R.C.S., 13, Upper Wimpole Street, London, W.1. (Tel. Welbeck 8366.)

BIRTHS

SCULLY.—On 23rd October, 1953, at Farnborough Hospital to Barbara (née Ford), wife of A. C. R. Scully, a son (David Sean).

SOWERBY.—On 20th September, 1953, at Hull Maternity Hospital to Ann (née Hitch), wife of P. R. Sowerby, M.B., B.S., a daughter (Catherine Janet).

MARRIAGE

GRESHAM—PARKER.—On 31st October, 1953 at All Saints Church, Trull, Somerset, John Gresham, L.D.S.R.C.S., to Margaret Parker, S.R.N.

DEATHS

CONWAY.—On 2nd November, 1953, Joseph Conway, Q.C., Governor of Guy's Hospital, 1938–1953, 6, King's Bench Walk, E.C.4.

EAST.—On 30th October, 1953, Sir William Norwood East, M.D., F.R.C.P., of Crowthorne, Berks.

EDS. { E.E.D.T. P.S.B.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXVII. No. 1705 28th November 1953 *One Shilling*

PASSIM

IF they had to clap Guy's House in irons it was fortunate that the forecourt escaped. Much interest has been caused of late by what amounts to an orthopædic manœuvre on a portentous scale which has enveloped the outer walls of *Astley Cooper*, *Christopher*, *Queen*, and *Job*—now shored up by purposeful looking steel girders. The effect, best viewed from the War Memorial Gate, is sad indeed. There is no doubt that the security of the whole structure is now temporarily preserved, but we await the details of an intensive architectural survey (to which all the older buildings at Guy's have been submitted) with some apprehension.

Meanwhile the lower parts of the black steel props have been variegated with broad bands of white to make them more visible in the dark. They now remind us, remotely, of those striking drop arms used so widely at railway level crossings on the continent. At Guy's the painter has meticulously picked out the white and black squares on the lateral aspects of the girders at ground level. But the flat limbs which face anyone making a direct approach to the walls remain unmarked and consequently obscure in the dark. What lack of modesty, we ask, leaves these black limbs semi-clothed? Perhaps a temptation, so common in this age, to " make something on the side " has, by neglecting the front, found practical expression here.

In this issue we print the text of the Carbutt Memorial Lecture which was delivered this year by Dr. Evan Bedford, physician to the Middlesex and National Heart Hospitals, whose work on cardiology has made him widely known in this country and abroad.

The Carbutt lecture was founded some five years ago. Mr. Edward Carbutt was a close friend of Mr. Atkins during the years they were at Oxford together. When Edward Carbutt died at an early age he left a sum of money to Guy's Hospital with which this annual lecture was founded. They are given on cardiovascular disease in its broadest sense, and have always attracted large audiences. Dr. Bedford's lecture on aspects of coronary disease fully supports the high reputation which previous lecturers have already established.

Under the heading of *Hospital Information* in this issue we publish details of a new feature of the *Gazette* which should prove to be of particular value to our readers. For some time it has been clear that a Personal Column would enable them to insert small advertisements

which would reach a wide public, either announcing articles for sale, or making wants known.

As the circulation of the *Gazette* is nearly 5000 each fortnight there are obvious advantages in advertising in these pages over those provided by notice boards—admittedly often free—which command a relatively limited public.

The charges are specially favourable to all staff, students, nurses and subscribers to the *Gazette*, and box numbers are available for those who prefer to remain anonymous. Full details are published on page 472 and we invite advertisements for our next issue ; for immediate insertion they should reach the *Gazette* office a week before publication day.

As we go to press we record with deep regret the death, on November 23rd, of Miss Winifred Betty Pestell who until a few weeks ago was Sister Front Surgery, after an illness borne with much courage. She was greatly loved. A Memorial Service was held in the Hospital chapel on November 27th. We shall publish an obituary in our next issue.

GUY'S DIARY

DECEMBER			Exhibition. Surgical Department. *Some Aspects of Diseases of the Hip.*
2nd	W	5.15.	Dr. Stafford-Clark. Case Demonstration. *A Case of Combined Epilepsy and Agitated Depression.* York Clinic.
			Rugby 1st XV v. London University (Motspur Park).
3rd	Th	5.00.	X-ray Meeting. Gordon Museum.
4th	F	2.15.	Combined Round. Pre-clinical Classroom.
5th	S		Rugby 1st XV v. Llanelly (H.O.P.).
7th	M	12.00.	Mr. R. E. Rix. Dental Clinical Lecture. *Unerupted Canine Teeth.*
		1.00.	Dr. T. A. H. Munro. Clinical Lecture.
8th	T	1.00.	Dr. P. R. Evans. Clinical Lecture.
10th	Th	1.00.	Mr. Grant Massie. Clinical Lecture. *Diverticulitis.*
		5.00.	Mr. Murray Falconer. Neurosurgical Demonstration.
		5.00.	X-ray Meeting. Gordon Museum.
11th	F	2.15.	Clinico-pathological Meeting. Gordon Museum.
12th	S	10.00.	Mr. John Devine (Melbourne). Departmental Round. Clinical Theatre.
			Rugby 1st XV v. Old Cranleighans (Thames Ditton).
16th	W	5.00.	The Addison Lecture. Professor S. Zuckerman. *Secretions of the Brain.* Physiology Theatre.

Twenty-Five Years Ago

From Guy's Hospital Gazette, 17th November, 1928.

The Ward Sisters . . . . wear a worried look, coming events are casting heavy shadows beneath their lower lids . . . . their private sitting rooms cease for a space to be the public meeting place of all who have business in their wards. Entrance becomes a closely guarded privilege, while within these now sacred shrines the usual snug tidiness has given way to litter of coloured paper scraps, no doubt connected with the ceaseless snipping that comes all day long from behind the closed doors. When checking the evening draught, weird wire contraptions tumble on our heads from the upper shelves of the linen cupboards, while patients who are handy with scissors seem to take longer to get well than those who are not . . . . These are the prodromal symptoms of an acute exanthem with a marked seasonal incidence. The rash will probably break out suddenly on December 24th.

OBITUARY

CONWAY JOSEPH CONWAY, Q.C.

By the death of Mr. C. J. Conway, Q.C., on Monday, 2nd November, Guy's has lost one of its most senior governors and one to whom the Hospital meant work well worth the doing and charity in its purest form. He came on to the Court in 1936, and was appointed to the Board of Governors when the National Health Scheme was established in 1948. Despite the grave disabilities associated with a chronic asthmatic condition, he rarely missed a meeting of the Court, the House Committee, the Endowments' Committee (of which he was the Chairman) or the Council of Governors of the Medical and Dental Schools. He took a real and active interest in the work and personnel of the place and, time and again, undertook additional obligations to ensure that resolutions, not always drafted with an eye to their legal implications, should be so worded as to be almost incapable of misinterpretation.

A man of wide culture and an entertaining and interesting talker, he was an ideal host, with a pawky sense of humour that never deserted him. He impressed all who knew him by his transparent honesty and sincerity, and he himself was always quick to appreciate the good qualities of others. He was a real friend to the Hospital and, apart from his activities in the post-war reconstruction of the Inner Temple, he devoted his latter years entirely to the interests of Guy's.

To his widow, whose constant care and devotion encouraged and enabled him to maintain his own high standards of duty right up to the end, we offer our sincerest and deepest sympathy.

THOMAS GEORGE STEVENS, M.D., F.R.C.S., F.R.C.O.G., M.R.C.P.

Mr. Stevens, who died at the age of 84 on November 10th at Bournemouth, was Consulting Obstetrician to St. Mary's and Queen Charlotte's hospitals and Consulting Surgeon to the Hospital for Women, Soho Square.

He qualified at Guy's in 1890 and worked at Guy's as Resident Obstetrician and for a while was demonstrator in Biology to the Medical School. He was elected to the senior staff of St. Mary's Hospital in 1912 and retired in 1934. He was a foundation fellow of the British (later Royal) College of Obstetricians and Gynæcologists and was for several years an examiner for various professional bodies. He wrote many articles on his speciality and was one of the original " Ten Teachers " of the textbook of diseases of women. His wife died a year ago and to his son, a surgeon at Dorchester, we express our sincere sympathy.

FRANK GEOFFREY HOLMAN, O.B.E., M.R.C.S., L.R.C.P.

Dr. Holman died on October 23rd at the early age of 44. He qualified at Guy's and after holding a house appointment at the hospital of St. John and St. Elizabeth, settled in practice in North London. He served throughout the last war in the R.A.M.C. and achieved the rank of Lieutenant-Colonel and the distinction of the O.B.E. for his services in the Italian Campaign. After the war, he became a Medical Officer to the North Thames Gas Board.

We express our deepest sympathy to his wife and their children in their sad and premature bereavement.

PUPILS' PHYSICAL SOCIETY

On Thursday, November 12th, the Pupils' Physical Society held their annual joint meeting with St. Thomas's Hospital at Guy's. The cases for examination included two congenital hearts, two surgical and two medical cases. The Pathology Quiz was distinguished by four brightly coloured urines which had all been produced by fair means.

After dinner, served in the Lower Spit, a discussion of the cases was held. Most people had diagnosed the hearts, but few suggestions were offered for the ætiology of the longer cases. The best discussion centred round a case of abscesses in both iliac fossae followed by a lung abscess and although no conclusion was reached, several further investigations were proposed.

We look forward to our meeting with St. Thomas's in their own hospital in March, 1954.

SOME REFLECTIONS ON CORONARY DISEASE

The Carbutt Memorial Lecture delivered at Guy's Hospital on 9th July, 1953.

By D. EVAN BEDFORD, M.D., F.R.C.P.

Physician, Middlesex Hospital, and National Heart Hospital.

LADIES AND GENTLEMEN,—In my student days, coronary disease was rarely mentioned by my teachers and received scant attention in textbooks, for example, a single page in Price's *Diseases of the Heart* published in 1918. I had never heard of Coronary Thrombosis in those days and this is not surprising as, to the best of my information, it had never been diagnosed at the Middlesex before I became Medical Registrar.

Today in contrast, coronary athero-sclerosis is recognized as one of the main causes of heart disease in adult life, and 100 pages is devoted to coronary thrombosis alone in a modern textbook such as Friedberg's *Diseases of the Heart*. The clinical features of coronary thrombosis are now familiar to every senior student and indeed to the lay public. "Is it thrombosis, doctor?" is often the first question one is asked by anxious patients with any sort of pain in the chest.

These facts raise the important question of whether the prevalence of coronary disease has increased by leaps and bounds, or whether its clinical features were astonishingly neglected in the past. Before we can answer this question, we must look back and see how coronary disease was regarded in the past.

Coronary Disease in the Past

Ossification of the coronary arteries was recognized by Senac and Morgagni in the 18th century, but it was not until the description of angina pectoris by Heberden in 1768, that coronary disease began to interest the clinician.

When Heberden first described and named angina pectoris, he had no idea of its cause, not even that it was connected with the heart, and he merely regarded it as a spasmodic disorder. Nevertheless, his account of the symptoms was so precise that it sufficed to establish angina as a new disease entity and to permit its ready recognition by others. Heberden described angina of effort relieved by halting, and also more prolonged attacks apart from effort which we should now attribute to coronary insufficiency or occlusion. In regard to prognosis, he wrote as follows: "The termination of angina pectoris is remarkable. For if no accident supervene, but the disease go into its height, the patients all suddenly fall down and perish almost immediately." This emphasis on sudden death in angina pectoris not only gave the disease an evil reputation, but also prevented the milder forms of it from being recognized. As long as the pathological basis of angina was unknown, sudden death was almost necessary to confirm the diagnosis.

Following Heberden's account of angina pectoris, Jenner and Parry lost no time in connecting these symptoms with ossified coronary arteries. Jenner was probably the first to diagnose coronary disease in life when, in 1776, he visited his friend John Hunter who was under-

going a cure at Bath. Jenner recognized Hunter's symptoms as anginal, and wrote to Heberden indicating his view that coronary disease was the likely cause, but he refrained from any publication of the connection between angina and coronary disease for fear of alarming Hunter.

In 1793, John Hunter died suddenly at a meeting of the Governors of St. George's Hospital, and the post-mortem examination amply confirmed Jenner's diagnosis. Not only was there advanced coronary disease, but also an old fibrous infarct which, as Ryle has suggested, must have occurred in the early stages of his anginal illness which had lasted twenty years. Hunter's symptoms were widely known and accurately recorded, as were the pathological findings. Shortly after Hunter's death Parry published his book entitled *Syncope Anginosa* (1799) which gave further support to the coronary origin of anginal pain and, by its title, further emphasized the liability to sudden death.

One might have thought that such a well authenticated case as Hunter's, diagnosed in life and confirmed by necropsy, would have sufficed to establish the coronary origin of angina pectoris, but it was not so. As Morgagni wrote in the preface to his great work, "When we have put down with accuracy what has been observed in the patient while living, and found in his body after death, there still remain circumstances to be added which may require a great number of words." An inexplicable perversity of mind prevented the contemporaries and followers of Jenner and Parry from accepting this well founded coronary thesis, and angina pectoris became the subject of a long and fruitless controversy which was to last for over a century, until after the 1914 war. This dispute held up all progress in the clinical recognition of coronary disease and even the symptoms of angina pectoris became confused with neuralgic chest pain. To illustrate the prevailing confusion, Gélineau even described an epidemic of angina pectoris amongst the crew of the French ship Embuscade in 1858 ; later views on this famous epidemic have attributed the symptoms to lead colic. Huchard, in his textbook of 1899, tabulated 80 theories of the cause of anginal pain and even as late as 1925, Gallavardin wrote, "Alongside the suffering of the anginous patient there is the suffering of the physician who attempts to study the cause of the disease."

The coronary theory of angina pectoris suffered two major eclipses. First, during the early and middle parts of the last century, when the idea that angina was a neuralgia or a neuritis of the cardiac nerves became popular, especially on the Continent. The second and far more serious eclipse occurred at the start of this century and lasted until the clinical discovery of coronary thrombosis. It was due to the aortic theory of Clifford Allbutt. He was not the first to connect anginal pain with aortic disease, for this had already been done by Blackall, Wall, Corrigan and others, but he was the first to propound a detailed physiological explanation of anginal pain and to locate it exclusively in the aorta. His idea was that pain arose when the aortic wall, rendered sensitive by disease penetrating to its deeper layers, was stretched by a rise of aortic pressure, for example during exertion. Death from angina pectoris was ascribed to vagal inhibition of the heart, and he admitted that fatal inhibition was more likely to occur when the coronaries were diseased. No one was better acquainted with the evidence in favour of the coronary origin of angina than

Allbutt, and his book, published in 1915, contains the best account of coronary thrombosis available at the time in this country ; indeed Herrick's first paper of 1912 is actually cited. I myself have heard Allbutt explain away the pain of coronary thrombosis as due to pericarditis or to stretching of the pericardium over the cardiac infarct. Allbutt's aortic thesis was widely accepted when I was a student, and was adopted by leading continental cardiologists such as Vaquez of Paris, and Wenckebach of Vienna. Nothing short of Allbutt's pre-eminent position, his outstanding scholarship, and his incisive style of writing could have succeeded in foisting the aortic theory on the profession against the weight of so much accumulated evidence in favour of the coronary view. Allbutt's error delayed the clinical recognition of coronary disease for a quarter of a century.

There was another reason, apart from the dispute over angina pectoris, for the clinical neglect of coronary disease, namely its failure to produce physical signs. Following the introduction of percussion and auscultation in the early half of last century, the attention of contemporary cardiologists was focussed almost exclusively on murmurs and on the diagnosis of hypertrophy and dilatation of the heart. Thus coronary disease, hidden to ausculation and percussion, and denied its main symptom, namely its pain, was not only unrecognized but was indeed unrecognizable by clinical means in those days.

After Heberden's account of angina pectoris, the next great landmark in the history of coronary disease was the clinical recognition of coronary thrombosis after the 1914 war, due largely to two papers by Dr. James B. Herrick of Chicago ; the first in 1912 received little attention, indeed in Herrick's own words it fell like a " dud " as did so many shells in that war ; the second, in 1918, received the attention it deserved. There was nothing very novel about coronary thrombosis and cardiac infarction the pathology of which had been amply described by Ziegler, and by R. Marie (1896), and Huchard in his famous crusade in favour of the coronary theory had cited 185 *pièces justificatives*, that is published cases of angina pectoris in which coronary disease was found at post-mortem, and in a great many of which coronary thrombosis was actually specified.

Sternberg, in his monograph on cardiac aneurysm (1914), had recited the whole clinical history of cardiac infarction, but he only saw its importance in relation to ventricular aneurysm and missed the main issue. It was left to Herrick to put across the real significance of coronary thrombosis, namely that far from being a pathological curiosity, it was a clinical syndrome which could be recognized with certainty during life, and from which recovery was possible. Once the fact was established that coronary obstruction could cause anginal pain, and this had been persistently denied by Allbutt and many others, the aortic theory quickly faded, and the ischæmic origin of angina pectoris was no longer in doubt. This ischæmic theory which had already been proposed in every detail by Germain Sée in 1889, explained the occurrence of anginal pain in the absence of coronary disease, a great stumbling block in the past. Whenever there is a discrepancy between the nutritional requirements of the heart muscle and the quantity or quality of the blood supplied to it, a state of painful cardiac ischæmia results. Such a state may be due to blood of

inferior quality as in anæmia, to a low diastolic filling pressure as in aortic incompetence, or to the increased demands of the heart during excessively rapid beating as in paroxysmal tachycardia. Sir Thomas Lewis showed that muscular activity in the presence of an inadequate blood supply leads to an accumulation of metabolites in the tissues capable of stimulating the nerve endings and thus giving rise to pain.

Returning to the question of the alleged increase in coronary disease, mortality statistics are obviously inapplicable to a condition which was rarely diagnosed in the past. A good deal of attention has been directed to the increased prevalence of angina pectoris in clinical practice. For example, Osler in his Lectures on Angina Pectoris, delivered when he was 47 years of age, could assemble only 60 cases, 40 of which were regarded as angina vera, and Balfour, about the same period, analysed 98 cases. In contrast, I had records of 500 cases by the time I attained the age of 40, and my seniors such as Sir Maurice Cassidy and Dr. Gallavardin each had records of about 2,000 cases.

Let us take the case of coronary thrombosis. Prior to 1918, this condition was unknown in the clinic, yet within the space of a few years it blossomed forth everywhere as a common and familiar illness. Now nature does not change her habits overnight ; of course the disease was always there but our mind's eye had not been properly focussed to perceive it. In the case of angina pectoris, our predecessors were uncertain of its cause, but sure that it presaged sudden death, so that they focussed their attention exclusively on severe and mortal cases, ignoring the milder forms of the disease with which we are now familiar. It was the discovery of coronary thrombosis which first put coronary disease on the clinical map, for it established the cause of angina pectoris and enabled us to recognize the disease in all its forms.

Statistics are dangerous weapons even in the best hands, but those qualified to assess them, for example Ryle, and Russell, have concluded that these do indicate a real and considerable increase in the incidence of coronary disease during the last twenty years, and they believe that this trend is likely to continue. It is my opinion that any such increase has been gradual, and far less than generally supposed from clinical experience, if we allow for the increasing age of the population, and our better ability to diagnose the disease.

Coronary Disease Today

Leaving the past and coming now to the present, I do not propose to review the vast amount of knowledge which has accumulated as a result of clinical, anatomical, physiological and pathological researches initiated by the discovery of coronary thrombosis, and I shall merely refer briefly to several of the more important advances.

Herrick, in 1918, already knew that cardiac infarction affected the electrocardiogram, and he prophesied that it might, at some future date, be possible by this means to identify the particular conorary branch occluded. Fred M. Smith (1918) investigated the electrocardiographic changes resulting from ligation of coronary arteries in dogs, and soon Pardee (1920) recorded a characteristic curve in acute cardiac infarction in man. In 1928, Parkinson and I obtained frequent serial records after coronary thrombosis, and found that they por-

trayed the whole process of necrosis and healing in progress in the myocardium. Two main cardiographic patterns were identified, namely the T1 type (*Figure* 1) and the T3 type, and very soon those

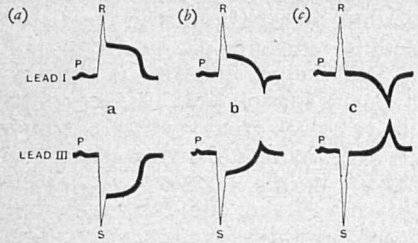

Figure 1

Schema illustrating the evolution of the electrocardiogram of anterior infarction in leads I *and* III.

(*a*) *Monophasic curve with reciprocal RS-T deviation, due to acute myocardial injury.*

(*b*) *Intermediate phase, T waves becoming evident.*

(*c*) *T waves of opposite sign in leads* I *and* III, *indicating persistent ischæmia.*

(Parkinson and Bedford, *Heart*, 1928, XIV, 195.)

were correlated with anterior and posterior infarction respectively by Barnes and Whitten (1929) at the Mayo Clinic. F. N. Wilson amplified our knowledge of these electrocardiographic changes and explained their physiological basis, especially by the introduction of præcordial leads. He showed that, besides T and R-T changes, the QRS complex was modified in a characteristic way (large Q waves). Today we can localize cardiac infarction with great precision, and we can often recognize old and recent infarcts in the same curve. We can now distinguish the electrocardiographic changes due to transmural infarction, those due to ischæmic injury which falls short of massive infarction, and those due to transient ischæmia such as accompanies any severe anginal attack (*see Figure* 2).

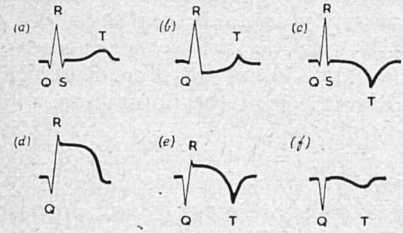

Figure 2

Schema of the electrocardiographic patterns obtained by a præcordial electrode over the affected myocardium.

(*a*) *Normal.*

(*b*) *Transient ischæmia during a brief anginal attack.*

(*c*) *Persistent ischæmia due to coronary occlusion ; T wave inversion without QRS changes.*

(*d*) *Acute myocardial infarction ; R-T plateau of Pardee.*

(*e*) *Regressing acute infarct ; note Q wave*

(*f*) *Healed infarction ; Q wave and absence of R wave.*

The question is often asked whether the electrocardiogram may remain normal in acute cardiac infarction. Certainly this may happen if only standard leads are recorded, but where a full series of

præcordial and unipolar leads are obtained, I do not believe that the curve ever remains normal for long once actual infarction has occurred, though it may be necessary to take several records at intervals for purposes of diagnosis. In some cases pre-existent abnormalities in the electrocardiogram, for example bundle-branch block, may mask the typical changes of recent infarction.

Another question often asked is whether the changes due to infarction ever completely disappear in the course of time, after recovery. This rarely if ever happens when the elcetrocardiogram shows QRS changes of transmural infarction, but changes limited to the T waves, due to coronary insufficiency and subendocardial ischæmia, do sometimes disappear completely.

To sum up, the electrocardiograph has proved a great advantage by providing us with concrete and objective evidence of myocardial ischæmia and infarction, the want of which proved such a handicap to physicians of the past.

I must next refer to the important investigations of Blumgart, Schlesinger and Davis (1940) which have amplified our understanding of the clinical pathology of coronary disease. Using a special method of injecting the coronary vessels, and a special technique for their subsequent dissection, they investigated the state of the whole coronary arterial tree in a series of hearts obtained from cases in which the history and clinical features were known and recorded.

In healthy hearts, at all ages, they found that the anastomotic channels between the main coronary branches were of such small calibre as to be of no functional importance, so that the coronaries are in fact functional end-arteries as Cohnheim originally maintained (1881).

In hearts with obstruction or occlusion of a major coronary branch, provided that the occlusion had been gradual, they found inter-coronary anastomotic channels of larger calibre, sufficient to nourish muscle deprived of its normal blood supply. This explained how advanced coronary obstruction might cause no myocardial infarction, and why sometimes it had failed to cause anginal symptoms during life. Thus an intercoronary anastomotic circulation develops only *when and where* it is needed. When coronary occlusion had been sudden, or when the occluded branch functioned as an end-artery owing to occlusion elsewhere, cardiac infarction resulted. In every case of angina pectoris examined, they found at least one and usually several major coronary occlusions. For example, in one case (a man subject to angina for 10 years, but who had nevertheless continued working up to the time of his final illness) they found no less than nine points of old complete occlusion and three points of recent complete occlusion, yet a profuse anastomotic circulation had prevented any massive infarction.

The practical import of this work is that we should think of the coronary circulation in a functional as well as an anatomical sense. While gradual coronary obstruction must reduce the total " coronary reserve " and thus limit the range of cardiac work, it need not seriously injure the heart muscle. When nature has her way, she will, given time, redistribute a restricted blood supply fairly to all parts of the heart, and while this may not suffice for rugby football, it may still serve the footballer to whom age has brought wisdom—and golf.

We can now understand how a patient with symptoms of cardiac ischæmia may recover by means of a collateral circulation, and to allow time for this to happen, we should reduce the work of the heart to a minimum by insisting on rest.

A further implication of this work is the essential unity of angina pectoris and coronary occlusion. When a patient is seized, apart from effort, with severe and prolonged anginal pain, we know that a serious failure of the coronary circulation is present, whatever we may call it, and that damage to the heart muscle has resulted, though this may fall short of transmural infarction. The electrocardiogram is of great help in assessing myocardial damage in such cases. Clinical terminology of coronary disease has become confused because a mixture of clinical and pathological terms has crept into use. Coronary thrombosis, coronary occlusion, and cardiac infarction are terms which relate purely to morbid anatomy, cardiac ischæmia and coronary insufficiency relate to morbid physiology, while angina of effort, angina of decubitus, and *status anginosus* are purely clinical terms. It is not always possible to make a precise pathological diagnosis during life. We should restrict the diagnosis of cardiac infarction to those cases showing clear-cut evidence of myocardial necrosis such as fever, leucocytosis, pericarditis, etc., or to cases in which the electrocardiogram shows QRS changes indicative of transmural infarction. Short of such evidence, we may speak of protracted coronary insufficiency or of severe cardiac ischæmia, or we may adopt a purely clinical terminology as suggested by Shirley Smith and Papp, and speak of a mild, moderate, or severe coronary attack.

So far, I have considered coronary disease mainly in relation to cardiac pain, but it may be painless and present in other forms. Diffuse patchy fibrosis, or occlusion of small branches in vital areas, may give rise to disturbances of rhythm such as heart-block, auricular fibrillation, flutter, and paroxysmal tachycardia. Once a sufficient amount of muscle has been damaged, congestive heart failure will result.

In my experience, congestive failure rarely occurs from coronary disease by itself unless there has been a previous infarction, or at least without a history of anginal episodes in the past. Coronary disease may of course contribute to failure from other causes such as hypertension without producing cardiac pain.

In regard to auricular fibrillation, this is a disturbance of function which cannot always be correlated closely with gross structural changes in the heart. When it occurs in older subjects it need not always imply serious coronary disease. Age is not limited to arteries, and I believe that the auricles may often deteriorate with age independently of major coronary obstruction. The disorder of rhythm most specific to coronary disease is paroxysmal ventricular tachycardia and when this first appears after the age of 50, we should always suspect a coronary origin.

Today we often have to make a retrospective diagnosis of cardiac infarction in the case of a patient whose recollection of his symptoms is dimmed by the lapse of time. In such cases the elctrocardiogram will nearly always provide conclusive or suggestive evidence of past infarction. Past coronary occlusion may present for the first time as cardiac aneurysm, a condition by no means extremely rare. This is

always a sequel of anterior infarction, and presents the T1 type of electrocardiogram. It can be readily diagnosed from its radiological contour as viewed during careful rotation of the patient at radioscopy. Sometimes the clinical signs are diagnostic, namely an expansile systolic impulse separate from the apex beat, or we may find simply cardiac enlargement with low blood-pressure and gallop rhythm, perhaps associated with symptoms of left heart failure.

The Future : Cause and Prevention of Coronary Disease

Now coming to the future, what are the main problems to be settled ? Undoubtedly the cause and prevention of coronary atherosclerosis is the major problem still requiring solution, and the one on which we should now concentrate our research.

Are we to regard coronary atheroma as a degenerative condition which inevitably accompanies the process of growing old, and precocious coronary disease simply as age without years, or are we to regard it as a disease for which there is a cause and for which therefore we should seek a prevention and possibly even a cure ? In the case of a condition which is taking heavy toll of our most valuable citizens, often at the zenith of their careers, I am sure that we should preserve the idea that we are concerned with a disease, and that we should diligently seek a cause for it.

If coronary disease is increasing rapidly, as alleged, it is natural to blame the stress and strain of modern life. Now this idea is as old as the hills... Corvisart, physician to Napoleon, wrote as follows about the causation of heart disease, " The calamitous events, the bloody scenes of the revolution, the loss of property, the arrests, the emotions and grief occasioned by them, have furnished in our time ample proof of the influence of the passions in exciting organic diseases in general and those of the heart in particular." You will gather that even the good old times had their vexations.

I have always opposed the idea that coronary disease is due to psychoneurosis from which, according to psychiatrists, the majority of us now suffer in some measure. Nevertheless, I admit that the important paper of Ryle and Russell marshalls strong evidence in favour of psychological stresses playing some role in the incidence of coronary disease. They showed that the mortality from coronary disease is highest in the professional and administrative classes whose work entails overexertion of the mind rather than of the body. Perhaps the strongest argument in favour of this is the fact that the highest coronary mortality occurs in the medical profession. While modern political trends tend to protect the manual worker against overexertion, there is no such thing as a forty hour week for the brain worker in modern life.

The conception of athero-sclerosis as a metabolic disorder is by no means a novel one. In the past the popular metabolic disorder was gout, and this was freely blamed for arterial disease. Gout is to the arteries what rheumatism is to the heart, said Huchard. If gouty arthritis was lacking, then the " gouty diathesis " was inculpated, especially for angina pectoris. What did these old physicians mean by the gouty diathesis ? I cannot do better than quote Balfour in this regard, "The gouty diathesis is only a comprehensive term for all those changes

in the character and composition of the blood induced by the evils of civilization." Again you will note that modern life was to blame.

The idea that noxious substances from the blood stream penetrated and injured the arterial wall originated with Rokitansky. Recent research has revived this idea, and postulates that lipoid deposits in the artery are related to excessive or abnormal lipoid in the blood. Certain conditions known to cause hypercholesterolæmia unquestionably predispose to arterial disease, for example diabetes, myœdema, and familial xanthomatosis. In herbiverous animals, atheroma-like arterial lesions can easily be provoked by cholesterol feeding. Gofman and others, employing the ultracentrifuge, have found that certain classes of lipo-protein are especially associated with coronary atherosclerosis in man, while 80 per cent of the serum cholesterol bodies are probably quite harmless to the arteries. Diet may influence the lipoid content of the plasma, and a low fat diet is advocated. Researches in this direction are in full progress, and it may be that the time is not far off when the dietetic treatment of coronary disease will be justified. Even now, there is evidence enough to warrant the reduction of obesity by diet in cases of coronary disease.

The sex incidence of coronary disease needs explanation. You all know that angina pectoris is thrice as common in men as in women, and that in coronary thrombosis, the male predominance is even greater. There is no doubt whatever that women's coronary arteries wear far better than men's at least up to middle age. Ryle ascribed this sex difference to socio-economic influences, others to anatomical differences between male and female coronary vessels, and of course hormonal factors may be at work. It has been found that œstrogens can prevent or even reverse experimental atheroma in animals, and it is natural to suppose that the relative immunity of women to coronary disease prior to the menopause may be due to œstrogenic function. These facts raise the possibility of œstrogen therapy in coronary disease and already this is being tested.

To sum up, you will note that intellectual overwork, over-eating, and masculinity have all been blamed for coronary disease, but so far manual work and moderate indulgence in alcohol are generally regarded as harmless. One obvious solution would be a life of perpetual golf with occasional pauses at the 19th hole for the male, leaving the more vexatious occupations to the female who is so much better protected against the hazards of coronary disease.

If we can discover the cause of coronary disease and find some method of preventing it, then we shall undoubtedly prolong the average span of life even beyond the dreams of ancient philosophers who sought the *Elixir Vitae*. It may well be that when the mantle of Methuselah falls on some future generation, it will adorn those of spare build, who eat frugally of a fat free diet, who cerebrate little and not too fast, and who regard *chercher la femme* as an outmoded and unnecessary pastime. If so, let us hope that economists will keep pace with medical science, so that this venerable existence is not marred by present day vexations such as income tax forms.

A famous medico-legal pathologist once confided to me a sure way of acquiring coronary thrombosis, but I shall not impart this

information to you. Instead I will quote you some advice from the Scriptures. "Be not righteous overmuch ; neither make thyself overwise ; why shouldst thou destroy thyself. Be not overmuch wicked, neither be thou foolish. Why shouldst thou die before thy time."

In these somewhat disjointed remarks, I have not attempted to review the vast subject of coronary disease, but merely to present it in some sort of perspective. I have indicated to you some of the more important milestones in the pathway of knowledge which we have already traversed, and I have ventured to signpost the path ahead which leads towards the cause of coronary disease, and then to our final milestone, namely prevention and cure.

If I have dwelt somewhat on the past, it is because the state of affairs today is the consequence of what happened yesterday, and there are few if any of our modern ideas on coronary disease which were not conceived long back in the past. In the course of 150 years following Heberden's discovery, the subject of angina pectoris became a veritable hieroglyph of facts and fancies, yet all the time the Rosetta Stone, in the form of coronary thrombosis, was there before us merely awaiting some clinical Champollion to put it to proper use.

It is quite likely that some vital clue to the cause of coronary disease lies before our eyes, amongst the welter of facts and theories which we have accumulated, but that owing to some error of refraction, we have not yet focussed it correctly. For this reason we cannot afford to neglect the past in our pursuit of the path of progress.

YES OR NO

Mr. R. H. Thomas, lately a patient in Astley Cooper Ward, sends us the following lines :—

I popped in Astley Cooper Ward
To have a little chat.
I hadn't been there ten minutes
When they had me on my back.

They broke my arm, they cut my leg
They stuck in pins and darts—
It was then I realised with despair
That I should have gone to Bart's !

The Sister's kind, the Nurses too,
They help with all their might,
And the twilight girls come in at four,
To keep you awake at night.

The night staff too must have their praise.
They flitter through the gloom.
Until Alas ! They drop a tray,
Just like an atom boom.

They wake you up at five a.m.,
Another day to go,
And the first words that they greet you with, is,
Is it " Yes " or " No."

GUY'S SCIENCE CLUB

The next meeting of the Guy's Science Club will be held in the Staff Common Room on Wednesday, 9th December 1953, at 4.45 p.m. A discussion on

" *The duodenal brake mechanism and its application in the peptic ulcer* "

will be introduced by Professor W. R. Spurrell and Dr. J. N. Hunt.

REVIEWS

A Dictionary of Midwifery and Public Health. By G. B. CARTER and G. H. DODDS. First Edition. Faber and Faber. *Price* 25*s.*

This new, well printed volume contains 686 pages of close type and attempts to summarize the biographies of many distinguished men of Science, the elements of anatomy and physiology, many aspects of pharmacology, biochemistry and bacteriology in addition to the whole field of Obstetrics and Public Health administration. In the main this ambitious task has been successfully accomplished and the authors are to be congratulated on their courageous undertaking, which is the outcome of considerable labour and careful preparation.

Unfortunately many of the suggested methods of obstetrical management are unorthodox and unsuitable for domiciliary and midwife practice. Fact and theory are often presented without differentiation and the text is written in an abbreviated style, which leads to ambiguities and renders it unsuitable for prolonged study. Much of the alphabetically arranged contents is outside the province of the qualified midwife and trainee, for which the book is intended, and as the Editors emphasize in their preface this Dictionary is no substitute for the more standard textbooks in Obstetrics and Public Health.

The book is well produced with many clear line drawings, which add much to the text, and as a source of readily available knowledge this volume can be strongly recommended to all who are directly concerned with the welfare of the child-bearing woman. J.M.H.

Advice to the Expectant Mother—on the Care of her Health and that of her Child. By F. J. BROWNE, M.D., D.Sc., F.R.C.S.E., F.R.C.O.G. E. and S. Livingstone Ltd. Tenth edition. *Price* 1*s.*

The title of this booklet is self-explanatory. It explains concisely, simply and readably, the physiology and common difficulties of normal pregnancy, labour and baby care. The author generalises occasionally, perhaps necessarily, with such an aim and audience. All paediatricians would not agree, for instance that "— irritability and sleeplessness are much more often due to over-than to under-feeding". The paragraphs on uterine cancer seem irrelevant, but this context of normality and confidence is perhaps right if such propaganda is necessary.

There is here much practical information otherwise only available from experience rather than textbooks—the things the expectant mother really wants to know. It is therefore warmly commended to nurse, student and junior practitioner, as well as to those for whom it is written.

L.P.T.

Medicine Volume I. The Patient and his Disease. By A. E. CLARK-KENNEDY, M.D., F.R.C.P. Second Edition. Livingstone. *Price* 25*s.*

Dr. Clark-Kennedy's delightful book has reached its second edition. This is due to the fact that the first has sold out, testimony indeed to the appeal of his unusual approach. A word of comfort however to those who own the first edition— it can never go out of date for this is no textbook of medicine, but a long series of essays on the art of looking at a patient and of considering his susceptibility to any disease process.

Although it is unlikely to benefit the student who is worrying about approaching examinations, it can and should be read by everyone who has to deal with patients so that the author's philosophy may be given wider appreciation. He views medicine as an art with which science is wedded and which must not suffer restriction by technical imperfections.

The style is lucid, always attractive and has the valuable characteristic of taking reader along with author in every argument. Without doubt, this is a book which will be read by future generations of medical men, as it has a timelessness and a literary quality which transcend technicality. It deserves to join *Aequinimitas, Rest and Pain,* Ryle's *Natural History of Disease* and Trotter's *Essays* upon the bookshelves of doctors who want to read philosophically about their subject.

In this new edition, although the price has increased by 5s., the binding has mercifully improved upon the drabness of that of its predecessor and is now of the standard which we expect from the house of Livingstone.

Definitely a book to buy, read, treasure and to read again. It will never be made obsolete by mere technical progress. P.S.B.

CORRESPONDENCE

Letters to the Editor of the Gazette

The Landon Tea Party

From The Superintendent

SIR,—I should be grateful if you would call the attention of your readers to the Landon Tea Party, which will be held in the Out-Patient Department on Wednesday, December 23rd. The Fund was originally established by an old Guy's man, Dr. Landon, to provide a Christmas entertainment for 200 or so children of the Borough who had been patients of the Hospital. This party is always a most popular event and is eagerly anticipated for weeks beforehand by all our small friends who look forward to receiving invitations. In course of time the fund has gradually become sadly depleted and we should be most grateful for contributions from any of your readers to enable us to continue to provide this party which has been a feature of Guy's for more than 50 years. Donations should be sent to Sister Out-Patients, Guy's Hospital, S.E.1., and she would welcome any visitors who would care to see the party in progress.

Yours, etc.
W. D. DOHERTY.
Superintendent.

The Italic Hand

SIR,—Three weeks ago, my writing was atrocious.

I took the advice offered in your columns to use the italic script. The speed is not as great as heretofore, but I use fewer words. Everyone seems very pleased with it !

Alfred Fairbanks' "A Handwriting Manual" is excellent, and I use a Swan calligraphic pen.

Yours, etc.
P. E. J. ROUTLEY.

Ellangowan, 35, Duddingston Park,
Portobello.

We have received a statement of the accounts of the Clubs' Union, together with a covering letter from the Secretary, Mr. P. A. Lane Roberts. We regret that shortage of space prevents their publication in this issue and we hope to include them in a forthcoming *Gazette*.

SPORT

Reports of Rugby Football matches are unavoidably held over until our next issue.

HOCKEY

Guy's *v.* Gravesend

At Honor Oak Park. Result : Lost 1–6.

In one of the strongest fixtures of the season Guy's suffered a heavy defeat at the hands of Gravesend.

Guy's again opened the scoring and in the first ten minutes appeared to be all over the opposition. Then with a slight easing off by Guy's, the opposition settled down to play constructive and fast hockey. They were then on top for the rest of the game.

Although the defence played hard, there were a lot of gaps and the clearing was wild, rather than constructive. The forwards had little to do, but still lacked the tendency to move forward with the ball.

Team: A. Cahill, H. M. Tuddenham, J. Laney, J. Partridge, R. W. Elsdon Dew, M. Mackenzie, J. Hall, J. I. Millar, M. Willis, R. R. Pant, N. Cooke.

Guy's *v.* Wallington

On Saturday, 21st November
At H.O.P.
Result—Won 6–2

Guy's entertained Wallington at Honor Oak Park and easily won an enjoyable game on a much improved pitch.

From the bully-off Guy's attacked and inside five minutes had taken the lead. This goal was scored by Millar and resulted from a nice piece of interpassing in which all three inside forwards assisted. Shortly afterwards Cooke made one of his characteristic runs down the right wing but was apparently fouled just inside the circle. From the resulting penalty corner Millar put Guy's further ahead.

Wallington tried valiantly to get on equal terms but steady hitting by Laney and Tuddenham and good marking of the wings by Mackenzie and Ackery gave the Wallington forwards little room in which to manœuvre. However, the Wallington centre-forward, always a difficult man to mark, broke away on one occasion and reduced the hospital's lead. Guy's again increased their score just before the interval when following a scrimmage in front of the Wallington goal one of their defenders in his anxiety to clear the ball kicked it into his own net!

After the interval Guy's scored three more goals through Willis (2) and Millar and Wallington replied with another goal by their centre forward. Only one of the hospital's goals merited description.

Following a long corner, the ball rebounded from the keeper's pads and Willis following up hit the ball firmly into the net. How many goals Guy's would have scored in past matches if similar following up had occurred by the forwards it is difficult to say bu it is certain that their number would reach double figures. It is hoped that this copybook goal will have taught the forwards the importance of following up the

ball when a corner hit has been taken.

In the defence Laney was the most prominent with his powerful hitting and intelligent passing and Cahill made several timely kicks when his goal was threatened. The forwards have greatly improved since the match with Gravesend and a little more accuracy in shooting at goal will lead to a much improved goal average by the end of the season.

Scorers : Millar 3, Willis 2.

Team : W. A. Cahill ; D. R. Laney, H. M. Tuddenham ; M. Mackenzie, R. W. Elsdon-Dew ; D. Ackery, N. Cooke, R. R. Paul ; M. F. H. Willis, J. I. Millar, J. J. Hall.

LADIES' HOCKEY

Inter-Hospitals Cup. 1st Round.

Guy's *v.* Charing Cross

On Saturday, 21st November
At Colindale

Result—Won 2–1

Unfortunately this game was played on a waterlogged and uneven pitch. Playing uphill in the first half Guy's quickly went ahead, and two goals were scored in the first twenty minutes. Charing Cross then attacked and their inside right penetrated the Guy's defence to score a beautiful goal. The remainder of the match was an even battle between the two teams. The Guy's forwards failed to take advantage of their numerous opportunities, and although they were awarded about 15 penalty corners failed to score off one. The defence was lacking in co-ordination and did not mark their opposing forwards in the circle or out. McNair and Hutchinson were the only members of the defence who attempted to do this. Bristow in goal played a steady game. The Guy's team need much more practice if they are to win the cup this year.

Scorers : Allin 2.

Team : Bristow, Hutchinson, Gallagher, Joslin, Lane, McNair, Crawford, Platt, Allin, Byrne, Cautley.

Guy's *v.* Dartford

On Saturday, 14th November
At Dartford
Result : Lost 0–4

GUY'S HOSPITAL AMATEUR BOXING CLUB

The Annual General Meeting of the Boxing Club was held on the 23rd of October, 1953. The officers elected were :—

President : A. J. McNair, Esq.

Vice-Presidents: E. R. Boland, Esq., G. A. R. Winston, Esq., M. A. Rushton, Esq., C. K. Simpson, Esq., J. S. Batchelor, Esq., W. D. Doherty, Esq.

Captain : A. H. Atkinson.

Vice-Captain : J. G. Allardice.

Secretary : C. J. Wallace.

SQUASH RACKETS

The 1st team have started the season by winning both their first two matches in the Cumberland Cup competition.

Results :

1st Team : *v.* R.N.C. Greenwich. Won 5–0.
v. Wellesley Club. Won 4–1.

2nd Team : *v.* Airborne Club. Won 4–1.

HOSPITAL INFORMATION

APPOINTMENTS

Frank Cook, F.R.C.S., F.R.C.O.G. to become a Member of the South West Metropolitan Regional Hospital Board.

M. P. Coplans, M.B., B.S., D.A., Anæsthetic Registrar, St. Mary's Hospital, Paddington.

ROYAL COLLEGE OF OBSTETRICIANS AND GYNÆCOLOGISTS

Election of Officers

Mr. A. J. McNair has been re-elected Vice-President and Honorary Librarian.

Mr. J. E. Giesen has been elected Honorary Treasurer, New Zealand Regional Council.

PERSONAL COLUMN

Advertisements of articles for **Sale, Wanted** or for **Exchange** may be inserted in this column at the following rates :—

1 line 6/– } Box Numbers
4 lines 20/– } 9d. extra.

Special rates for Guy's Staff, Students, Nurses and Subscribers to the Gazette :–

1 line 2/6d } Box Numbers
3 lines 6/– } 6d. extra.

One line contains approximately seven words.

All charges are payable in advance, and advertisements with remittance should be addressed to the Advertisement Manager, Guy's Hospital Gazette, one week before insertion.

HOUSE APPOINTMENTS

December 1st 1953

Assistant House Surgeons

To :

Mr. Blackburn : Mr. J. B. L. Gee
3 *months*

Mr. Lawrie : Mr. R. W. P. Yates
Mr. Glover : Mr. R. Watts
Mr. Brain : Mr. D. Harris

Appointed for 6 months the first 3 months as A.H.S.

Assistant House Physicians

To :

Sir John Conybeare, Dr. Hardwick and Dr. Campbell } Mr. A. P. O. Stewart

Dr. Douthwaite, Dr. Mann and Dr. Bishop : } Mr. N. C. Brooks

Dr. Boland, Dr. Baker and Dr. MacLean : } Mr. C. Bishop

Dr. Hampson, Dr. Kauntze and Dr. Grant : } Mr. J. Bullen

Appointed for 6 months the first 3 months as A.H.P.

Out-Patient Officers

Mr. D. B. Longmore, Mr. R. G. Orr, Miss M. J. Purser, Mr. D. G. Montefiore, Mr. A. J. Kenmuir-Evans } 3 *months*

House Surgeons

To :

Mr. Massie Mr. P. G. Dunbar
3 *months*

Mr. Eckhoff : Mr. R. Y. Calne
6 *months*

Mr. Atkins : Mr. G. A. Lawrence
3 *months*
Mr. Wass : Mr. A. H. Vaughan
6 *months*

House Physicians
To :
Sir John Conybeare, Dr. Hardwick and Dr. Campbell : } Mr. I. C. Fuller
6 *months*
Dr. Douthwaite, Dr. Mann and Dr. Bishop : } Mr. B. Pigott
3 *months*
Dr. Boland, Dr. Baker and Dr. MacLean : } Mr. K. J. Zilkha
3 *months*
Dr. Hampson, Dr. Kauntze and Dr. Grant : } Mr. R. H. Farrell
6 *months*

Resident Obstetricians
1. 7.53—31.12.53 : Mr. G. B. Davison
1. 9.53—28. 2.54 : Mr. W. M. S. Boyd
1.11.53—30. 4.54 : Mr. B. A. Tudgay
1. 1.54—30. 6.54 : Mr. G. Evans

Ophthalmic House Surgeon
(Non-Resident)
Mr. J. V. Sheldon 3 *months*

Throat and Ear House Surgeons
Mr. W. P. N. Moore
3 *months Guy's then* 3 *months Orpington*
Vacant
3 *months Orpington then* 3 *months Guy's*

Dermatological House Physician
(Non-Resident)
Vacant

Neurological House Physician
Mr. B. L. Mallett 3 *months*

Genito-Urinary House Surgeon
Mr. I. Macmillan 6 *months*

Children's House Physicians
Mr. F. A. F. Biddle 3 *months*
Mr. J. A. Jemson 6 *months*

House Surgeon to the Thoracic Unit
Mr. C. T. M. Wilson 6 *months*

House Physicians to the Department of Medicine and Resident Junior Clinical Pathologists
Mr. R. H. Morgan 3 *months*
Mr. A. J. Smith 6 *months*

House Physicians in York Clinic
Mr. F. Winston 3 *months*
Vacant 6 *months*

Resident Anæsthetists
7.7.53— 6.1.54 : Mr. L. J. Bishop
20.9.53—19.3.54 : Miss J. E. Brett
7.1.54— 6.7.54 : Mr. J. H. Kerr

Orthopædic House Surgeons
Vacant
Vacant
For duties at Orpington and Guy's

R.M.Os. Nuffield House
18. 9.53—17.3.54 : Mr. P. K. M. Barrett
8.10.53— 7.4.54 : Mr. P. F. A. Crawshaw

ORPINGTON HOSPITAL

House Surgeon
Mr. G. J. R. Clarke

QUEEN MARY'S HOSPITAL, SIDCUP

House Surgeon
Mr. W. F. T. Davies

JOYCE GREEN HOSPITAL, DARTFORD

House Physicians
Mr. B. L. Anderson
1 vacancy

ST. OLAVE'S HOSPITAL

House Surgeons
Mr. A. A. Roe
1 vacancy

LEWISHAM HOSPITAL

House Surgeon
Mr. D. W. Breese

ST. JOHN'S HOSPITAL, LEWISHAM

House Surgeon
Mr. T. B. Stephen
House Physician
Mr. A. Ness

NEW CROSS HOSPITAL

General Duty House Officer
Miss S. Patterson

PASS LIST

UNIVERSITY OF LONDON

Third (M.B., B.S.) Examination for Medical Degrees

October, 1953

Pass

M. C. Batcheldor	H. St. J. Mansbridge
F. A. F. Biddle	R. G. Orr
C. Bishop	J. V. Parson
D. W. Breese	J. H. Peters
N. C. Brooks	J. F. Pritchard
J. Bullen	Margaret J. Purser
G. J. R. Clarke	I. F. S. Rae
T. A. P. Clarke	A. A. Roe
W. F. T. Davies	F. E. N. Roper
J. R. Duke	J. Southgate
Joan Endean	A. P. O. Stewart
R. C. Francis	R. V. L. Thomas
P. J. Frost	A. D. Tuddenham
D. Harris	D. J. Waller
P. O. Hirsch	R. Watts
R. F. N. Jones	Dorothy J. Whitney
C. E. Lay	R. W. P. Yates
D. B. Longmore	

Supplementary Pass List

Part I

M. R. Alderson	J. V. V. Lewis
Barbara A. M. Allen	D. C. Linahan
G. H. Anderson	W. S. Lund
J. B. A. Anderson	P. R. Lyon
Jacqueline E. Banbury	A. G. Malleson
V. C. J. Barker	H. C. Meredith
V. H. Bartley	O. Morton
A. Berry	Sheela M. Mullaly
H. R. Bissoon Dath	D. B. A. Ofomata
Patricia M. Boyd	E. G. Palmer
A. M. Brown	A. J. Pearson
D. V. Burke	J. A. Pollock
J. C. Burt	Mary D. Pollock
R. W. Edmonds	C. W. Pook
G. E. Fulford	M. W. Potts
E. R. Gibbons	Corinne J. Richardson
J. F. Gill	O. H. Shaheen
G. Gover	D. L. Smithson
A. C. Graham	P. S. Stack
B. P. Gregory	J. A. Stevens
K. A. Hillard	L. Stimmler
D. P. Honey	E. E. D. Tomlin
D. J. Hudson	Marian A. Wilkinson
P. Jenkins	D. H. Williams
D. W. S. Klee	J. H. P. Willis
N. A. G. Leadbeater	C. F. A. Younger

Part II

V. C. J. Barker J. A. A. Bullard
J. G. P. Hunt

Part III

V. C. J. Barker	P. Konfortion
J. A. A. Bullard	J. U. MacWilliam
J. G. P. Hunt	P. A. T. Martin

Part IV

J. K. Anderson A. M. Kingon
P. N. A. Holden S. D. H. D. Wallis

ROYAL COLLEGE OF OBSTETRICIANS AND GYNÆCOLOGISTS

Membership

R. L. Edwards

ROYAL COLLEGE OF SURGEONS OF ENGLAND

F.D.S.

Primary Examination

October, 1953

R. C. Bret Day
M. A. Kettle
H. Levison
R. Marx
A. H. R. Rowe

L.D.S.

Final Examination

October, 1953

Part I. Surgery.

G. P. Beresford
G. W. Cowley
A. D. Forman
D. K. Hutchinson
J. N. James
D. A. Lambert
J. S. Lee
A. N. Pollock
B. C. Rich
Dorothea Street
G. A. Thomas
C. Vowles
J. P. Warren

Part II. Dental Surgery

J. H. Aust
M. D. Awty
L. J. Cheeseman
M. W. Cooksey
Helen C. Cummins
A. d'A. Fearn
H. A. Hill
Elizabeth A. King-Turner
S. A. Lewis
N. E. Malyon
H. D. O. Osmond-Smith
C. B. H. Owen
D. C. A. Picton
F. L. Richards
D. R. Richardson
A. R. Sauvarin
W. Sims
M. F. Waboso
D. J. Wicker
P. G. Willis

APPOINTMENT VACANT

EVELINA CHILDREN'S HOSPITAL OF GUY'S HOSPITAL

Required **House Surgeon** (2nd or 3rd post). Appointment is from 1st January, 1954, for six months and includes duties in the Casualty Department. It is recognised for the D.C.H. and also as a second pre-registration post. Salary £400 or £450 per annum, less £100 per annum for residential emoluments.

Applications stating age, nationality, qualifications (with dates) and copies of three recent testimonials, should reach the Hospital Secretary by **10th December, 1953.**

GUY'S CHRISTMAS CARDS

6/6d, 3/6d and 2/6d per dozen including envelopes (per post 6d extra)—**Early purchase advised**—Apply The Manager, Gazette Office, 6 St. Thomas Street, S.E.1.

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

Anderson, K. The Effect of Staphylococcal Filtrates on Isolated Rabbit Small Intestine, with Special Reference to Enterotoxic Strains of Staph. pyogenes. *Brit. J. exp. Path.*, 1953, **34**, 548.

Barber, H. W. and another. Purpuric Pigmented Lichenoid Dermatitis. *Proc. R. Soc. Med.*, 1953, **46**, 901.

Bearn, A. G. Genetic and Biochemical Aspects of Wilson's Disease. *Am. J. Med.*, 1953,

Blaikley, John, Clarke, Silas, Mac Keith, Ronald, and Ogden, Kathleen M. Breast-Feeding : Factors Affecting Success : A Report of a Trial of the Woolwich Methods in a Group of Primiparae. *J. Obstet. Gynæc. Brit. Emp.* 1953, **60**, 657.

Emslie, R. D. and others. Periodontal Diseases: Brains Trust. *Brit. dent. J.*, 1953, **95**, 241.

Falconer, Murray A. and others. Discussion on the Surgery of Temporal Lobe Epilepsy. *Proc. R. Soc. Med.*, 1953, **46**, 971.

Forman, L. A Note on the Depigmentary Properties of Monobenzylether of Hydroquinone. *Brit. J. Derm.* 1953, **65**, 406.

Fry, Sir William Kelsey. Civilization and the Growth of Dental Disease. *Progress*, 1953, **43**, 166.

Goodridge, D. L. Persistent Hæmorrhage from the Frænum. *Brit. dent. J.*, 1953, **95**, 246.

Hayton-Williams, D. S. An Adjustable Head-Clamp for the Operating Table. *Lancet*, 1953, ii, 1077.

Neve, C. R. Strangulated Prolapse of the Rectum. Report of a Case. *Brit. J. Surg.*, 1953, **41**, 221.

Ogilvie, Sir Heneage. Partial Hepatectomy. Observations on an Illustrated Case. *Brit. med. J.*, 1953, ii, 1136.

Rewell, R. E. The Time Factor in the Examination of Seminal Fluid. *J. clin. Path.*, 1953, **6**, 237.

Southwell, Neville and Zak, George A. An Investigation into the Treatment of Pulmonary Emphysema with Artificial Pneumoperitoneum. *Acta med. Scand.*, 1953, **147**, 79.

Walt, Frank. Duplication of the Oesophagus. Report of a Case in an Infant. *Sth. Afr. med. J.*, 1953, **27**, 911.

CHANGES OF ADDRESS

A. W. Cook, M.B., B.S., D.R.C.O.G., 24 Talbot Avenue, Bournemouth, Hants. (Tel. Winton 5060).

G. F. Haycraft, D.O.M.S., 29 Copthorne Road, Wolverhampton, Staffs. (Tel. 35800).

R. A. J. Webb, M.R.C.S., L.R.C.P., 2 Wandsworth Bridge Road, Fulham, S.W.6. (Tel. Renown 1466).

BIRTHS

BAXTER.—On 23rd November, 1953, at Guy's Hospital to Marjorie, wife of E. W. Baxter, B.Sc., a daughter.

HARRIS.—On 15th November, 1953, to Joan, wife of Stanley J. Harris, M.B., B.S., of 24 Bentinck Road, Nottingham, a daughter.

HASLETT.—On 16th October, 1953, at Lynton to Dorothea (née Attree), wife of H. G. Haslett, a son (Peter), a brother for Mary.

HOLDING.—On 4th November, 1953, at Hillingdon Hospital to Frances (née Martin, M.S.R.), wife of Guy Holding, L.D.S.R.C.S., a daughter (Gillian Ann).

MARSDEN.—On 7th November, 1953, to Patricia (née Griffiths), wife of A. J. Marsden, B.Sc., G.I.Mech.E., a son (Allen Charles).

SOOTHILL.—On 17th November, 1953, at Nuffield House, Guy's Hospital to Brenda, wife of J. F. Soothill, M.A., M.B., B.Chir., a daughter.

MARRIAGES

MORGAN—FLELLO.—On 17th October, 1953, at All Saints Church, New Eltham, S.E.9, Roger Morgan, B.A., L.M.S.S.A., to Valerie Flello, B.Sc.

THORNTON—HODSON.—On 7th November, 1953, at Minchinhampton, Robert L. G. Thornton, L.D.S.R.C.S., to Helen Hodson, S.R.N., R.S.C.N.

EDS. { E.E.D.T. P.S.B.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXVII. No. 1706 12th December 1953 One Shilling

PASSIM

A public danger

THE press has done it again. Another piece of sensational pseudo-medicine compiled with the grossest of inaccuracy met us on the pages of a London evening paper the other day. It was not, this time, the work of a professional journalist but that of a medical practitioner who writes under the *nom de plume* of "Family Doctor." In the course of an otherwise blameless article on the topical question of compulsory medical examination prior to marriage, he put his foot well and truly in his own inkwell.

We quote his closing paragraphs verbatim so that some particularly serious inaccuracies may be seen by at least that small section of the medical public who receive the *Gazette*.

> "I do most earnestly implore all couples of childbearing age *of their own free will* to go and have a blood test for Rhesus compatibility.
>
> It is quite painless. For if there is not this compatibility, though some children *might* escape the consequences, the chances of the vast majority would be well nigh hopeless.
>
> I do not say any more than that it is inadvisable for such to marry ; but, if their love is so strong that they *must* do so, they must understand that the danger of bearing children is too great to risk. Fortunately such incompatibility is not so very common ; but for your own sakes have the test and make sure."

Passim is not the place for a long and technical discourse on the errors of that excerpt—likewise the authoritative refutal of these statements is a task more appropriate to a senior clinician. However, we feel that a few real facts should be given in contrast, and the following passage from a standard textbook, which represents the true state of affairs, is less disturbing and more reliable :

> "It is estimated that conditions favouring iso-immunisation by Rh factor, that is the combination of a Rhesus positive fœtus developing in a Rhesus negative mother, must exist in at least 10% of all pregnancies. Nevertheless, Hæmolytic disease in all its forms only complicates one pregnancy in 400 (0.25 per cent.).*

And this excerpt does not suggest what we all know anyway, that there are adequate treatments for some of the accidents due to Rh incompatibility. Furthermore, the two, three, or four normal healthy children who will be born to Rh incompatible parents are hardly even mentioned. ("The chances of the vast majority would be well-nigh hopeless").

If those responsible for this newspaper have any proper notion of their duty to the public, they should print a true statement of the facts to bring ease to the minds of their sadly misled readers.

"Family Doctor," you will have to be more careful in future ! While it is perhaps only naughty to pass on inaccuracy, it is downright

*Eden and Holland's Manual of Obstetrics, 1953. Page 182.

wicked to peddle such rubbish as this. For thus you cause unhappiness and unnecessary worry to lay people, who must perforce trust the words and writings of self-proclaimed medical men.

We note with satisfaction that Lt.-Col. J. A. G. Carmichael, R.A.M.C., who qualified at Guy's in 1935, was recently asked by the Egyptian authorities to attend the son of a minister, Major Salem. Lt.-Col. Carmichael is Consulting Physician to the Middle East Land forces. We hope that success attends this humanitarian mission.

The new extension to the Biochemistry and Chemistry Department presented a gay appearance on November 27th when a most entertaining house warming party was held in the early evening. Tea was provided in the main laboratory which had been decorated with gay balloons, straining at the ends of tenuous strings, while cleverly arranged flowers added a Botanical touch to the Chemical surroundings.

Professor Haslewood and his Staff are to be congratulated on the warmth of their welcome, the ingenuity of their display, and the pyrotechnic (and other) excitements with which they regaled their guests who were drawn from all sections of the Hospital and Medical School. On another page we print a more detailed account of this remarkable evening.

We congratulate Mr. Patrick Clarkson on being invited to be the Guest Speaker of the American Society for Hand Surgery at their annual meeting in Chicago and Cleveland next month. We have reason to believe that he is the first non-American to be invited in this capacity. He will address the Society on the Organization for Hand Injuries in the Accident Services of Teaching Hospitals ; on Methods of Primary Repair for Digital Injuries ; and on Hand Infections.

Madame M. N. Kazantseva, Director of the Pædiatric Institute of the Moscow Academy of Medical Sciences, visited the Children's Department at Guy's Hospital on 30th November, 1953, towards the end of a visit to England. She has also visited The Institute of Child Health, the Rheumatic Fever Research Unit at Taplow and various other pædiatric centres. She spoke of the training of medical students; of the lavish use made in U.S.S.R. of gamma globulin ; of how they have proved that conditioned reflexes of salivation cannot be induced in children with active rheumatic fever, suggesting the cerebral cortex is affected in this disease ; and she was very interested to hear the good results obtained in this country with anti-pertussis vaccination. Madame Kazantseva was a very charming visitor with a lively sense of humour.

On page 489 we print a full list of Sisters holding appointments at Guy's and at the attached outlying hospitals. We know that this list will prove of much interest, not only to those who work with them, but also to all old Guy's men and women. We are much indebted to Matron for permission to publish these names, and we have made arrangements to announce appointments and changes as they are made. These will appear regularly in future under the heading of *Hospital Information.*

GUY'S DIARY

DECEMBER		Exhibition. Surgical Department. *Some Aspects of Diseases of the Hip.*
15th T	1.00.	Dr. P. M. F. Bishop. Clinical Lecture. *The Undescended Testicle.*
16th W	5.00.	**The Addison Lecture.** Professor S. Zuckerman. *Secretions of the Brain.* Physiology Theatre.
17th Th	1.00.	Mr. N. L. Eckhoff. Clinical Lecture. *Cysts of the Head and Neck.*
	5.00.	X-ray Meeting. Gordon Museum.
18th F	1.00.	Dr. A. C. Hampson. Clinical Lecture.
	2.15.	Combined Round. Pre-clinical Classroom.
19th S		Rugby 1st XV v. Moseley (Moseley).
21st M	12.00.	Mr. Arthur Bulleid. Dental Clinical Lecture. *Microbe Hunters.*
	1.00.	Mr. Murray Falconer. Clinical Lecture.

GUY'S HOSPITAL CHAPEL

Principal Christmas Services

Monday, December 21st	:	7 a.m. Holy Communion.
S. Thomas, Ap.		8.30 p.m. Service of Carols and Lessons.
Tuesday	22nd :	9.15 p.m. Preparation for Christmas Communion.
Thursday	24th :	11.40 p.m. Procession, Blessing of the Crib and Mass
Christmas Eve		of Midnight.
Friday	25th :	7 a.m. Holy Communion.
Christmas Day		
Saturday	26th :	
S. Stephen, M.		
Sunday	27th :	
S. John, Ev.		7 a.m. Holy Communion.
Monday	28th :	
Holy Innocents		

On Christmas Day, Holy Communion also at Southwark Cathedral at 8, 9 and 11 a.m.

Those intending to receive the Holy Communion at the Midnight Mass are asked to observe the ancient custom of the Church in receiving the Holy Sacrament after a fast of a reasonable time.

OBITUARY

WINIFRED BETTY PESTELL, S.R.N., S.C.M.

Sister Betty Pestell who died so tragically at Guy's on November 23rd, aged 40 years, after an illness of just two months, was one of the well known Guy's Sisters.

She was appointed to the Front Surgery in January, 1951. Her quiet efficiency and calm manner and intense love of detail were most valuable in this Department, her gift of teaching and very high concept of duty were apparent to all who came in contact with her, and won the esteem of all who had the pleasure of working under her guidance. She was much appreciated by the Senior Staff, who knew her true value. Out-Patient Officers, Dressers and Nurses who worked with Sister Pestell will remember her kindness and charm which endeared her to them all.

Probably the greatest tribute that could be paid to her was that she succeeded in achieving what is perhaps the most difficult of all things, namely, identifying herself with her Staff and patients in such a manner that she was not only accepted as a Sister, but loved as a person.

Betty, as she was known to all her friends, trained at Guy's 1933–37, took her Midwifery Certificate, and remained as a Staff Nurse until she became a Sister in 1938. She was awarded the Butterworth Medal in 1939. During the War she held Sisters' posts with the Guy's Units at Farnborough, Preston Hall and The Wilderness. In 1942 she returned to the parent Hospital as Sister of the Children's Ward in the York Clinic Basement. In July 1946, she was appointed Office Sister where she remained until her appointment as Assistant Matron to the London Clinic in 1949. She returned to Guy's in January 1951, to the post she had always

wished for, as Sister in charge of Front Surgery.

Betty had a wide diversity of interests. History was her favourite subject on which she could discourse at length. She was an avid reader and her general knowledge was extensive. Few could equal her skill as a needlewoman, an interest reflected for many years as Needlework representative for the Nurses' League.

Betty had the capacity of enjoying the countryside, and her friends have enjoyed many long rambles in her very delightful company. When on holiday abroad, she preferred to stay in quiet places rather than large cities, and was keenly interested in how the country people lived. She could as Kipling so aptly says, " Walk with Kings nor lose the common touch."

We, who were her close friends, will remember her for her sense of humour and amazing interest in all our activities. All who knew her will mourn her passing, but will cherish a charming memory of her. We send our deepest sympathy to her mother, sisters and brother in their great sorrow.

P.M.

P.C. writes :—

I have just received the following letter from a Guy's man now in the Officers' Mess, at Tidworth, who was an O.P.O. on the Front Surgery when Sister Pestell first returned to Guy's after her appointment as Assistant Matron to the London Clinic. It seems to me to express the opinion that must be unanimous amongst O.P.O.s who did their appointment on the Surgeries during the time that she was Sister there. Few Sisters can have been better known to so many in different parts of the Hospital or more generally admired and loved at Guy's, and few can have been so successful by the precept and the example of her own high standards in influencing beneficially the work of all in the Surgery. Her unfailing courtesy and wise advice gave her an exceptionally marked influence on the work of Dressers and O.P.O.s to the great advantage of the Hospital. This advantage must have extended also to the impression given to the thousands of patients who first see the Hospital each year in the Surgery, where the atmosphere and general standard of work was for so long and so beneficially dominated by her personality.

" Dec. 1st. Tidworth.

I was deeply shocked today in reading in the *Gazette* of Sister Pestell's untimely death. As one who was in her first group of O.P.O.s when she returned to Guy's I always found her a real friend. She was always a source of great help and understanding when we were on duty in Front Surgery, and there cannot have been one of us who did not draw on her long experience when we were in difficulty. Her coffee sessions in the mornings and after duty cups of tea when she would talk over the day's happenings helped to make the appointment of O.P.O. the pleasant one that it is. I am sure future O.P.O.s will be the poorer for not having her as a colleague and friend. B.B. "

S.G.H. writes :—

It was with deep regret that I read in the *Gazette* of the death of Miss Winifred Betty Pestell, late Sister of the Front Surgery.

As one who had, until my recent illness, worked side by side with her since her appointment as Surgery Sister, I felt I must write a few words in appreciation of her services both to her staff, and most of all, her patients.

Her unceasing and untiring efforts went a long way towards making Guy's Surgery one of the most efficient Casualty Departments we have in London.

What greater proof is there than the overheard remark of an ambulance driver after delivering into her care a critically injured man :

" I'd sooner drive another — mile with a case like that, and know the patient is received into efficient hands, and his life saved if at all humanly possible, than dump him in the nearest hospital. That Sister knows her stuff, and without much ado either. Give me Guy's, and its Casualty Sister."

The ideal for which she well and truly lived, was the motto on the hospital badge she wore—" Dare Quam Accipere," and in so doing I feel sure she must have borne in mind the following:

Jesus first.
Others next.
Yourself last.

To her relations we must all express our deepest sympathy in their loss.

OPENING OF THE NEW LABORATORIES IN THE DEPARTMENT OF BIOCHEMISTRY AND CHEMISTRY

From a correspondent :

On Friday, 27th November, 1953, the extension to the Department of Biochemistry and Chemistry was open for inspection by members of the Hospital and School. The large number of guests representative of the varied activities of Guy's was welcomed first individually and later, during tea in the new large laboratory, collectively by Professor Haslewood, who told us that to add to the interest of a tour of the new laboratories " light chemical entertainment " had been prepared. The first entertainment was indeed biochemical in the form of tea, sandwiches and cakes which however showed distinct signs of having been prepared in a kitchen rather than in a typical biochemical laboratory. Nevertheless, the results of the analyses performed by the guests, using the olfactory and gustatory apparatus which they had brought with them, were excellent and in a short time all were ready to proceed to further entertainment, this time mainly of a physical and inorganic nature.

A notice on the blackboard advised us of the demonstrations to be shown in the smaller laboratories and research rooms but a warning note was struck by an addendum which suggested that we should not leave the main laboratory before 4.30 p.m. Various suggestions as to why this advice should have been proffered were put forward during tea. Your correspondent thought that it might have been to prevent a stampede to a room where we were promised the vision of a " milli-bikini." However, it transpired that the light entertainment was to begin in the main laboratory and soon it did. We saw members of the departmental staff advancing to the fume cupboards, applying matches to fuses and retiring immediately. Then with the room lights extinguished, scenes reminiscent of (perfectly sober) Guy Fawkes days ensued. The colours of the flares changed as efficiently as those of the commercially produced varieties, thus proving that home-made fireworks are a practical proposition provided that you are an expert. Meanwhile the very efficient fans in the fume cupboards prevented the odours usually associated with such pyrotechnic displays.

Thereafter demonstration followed demonstration with increasing speed. One member of the staff with the air of a conjuror " boiled " kettles on ice, and caused " snow " to appear and to fall until he and we looked like Father Christmas. He also lighted candles with a taper dipped in water ; this was most dramatic. But the demonstration had to be temporarily halted for the experimenter to wash from his hand a drop of water which had fallen on to it. Despite his good tea, your correspondent could not help feeling that there might be something odd in this. However, time did not suffice for research into the properties of water as the guests, having been introduced to chemical entertainment, were eager for more and repaired to other exhibits. These were too numerous for all to be mentioned, some were static and some dynamic ; some silent, some not so silent. All lived up to the definition of being both chemical and entertaining. I had nearly forgotten the " milli-bikini " ; it was a delightful model of a coral atoll from the lagoon of which rose bubbles which burst into bright flame like miniature atomic bombs about two inches from the surface.

Altogether it was a very happy occasion and Professor Haslewood and his staff must be thanked for the entertainment they provided. They are also to be congratulated on the additional accommodation with which they have been provided for work which, as Professor Haslewood reminded us, will be of a more serious nature. The laboratories are undoubtedly a very considerable addition to the facilities of the School.

PATIENTS' CHRISTMAS COMPETITION

This Christmas the *Gazette* is again offering prizes of one guinea each for the best accounts written by a man and woman patient in the Hospital on " Christmas Day in my Ward." We hope to publish the prize winning essays in our first number of 1954.

CHRISTMAS CARDS

Christmas Cards are still available at the Gazette Office, 6, St. Thomas's Street, S.E.1.

SIMPLE DENTAL DYNAMICS

A paper read before Guy's Hospital Dental Society on 27th January, 1953

By W. SIMS, L.D.S.R.C.S.

LADIES AND GENTLEMEN.—This short paper, which I have pleasure in reading to you this evening, is intended to illustrate, in what I hope is a simple and straightforward manner some of the forces at work in the oral cavity. I shall confine myself mainly to the consideration of the forces acting on a single tooth and any restoration contained within its substance. The emphasis which I shall place on mechanics is in no way intended to detract from the importance of the normal biological principles associated with cavity preparation. Mechanics has a small but definite rôle to play in achieving the objects of dentistry, which are of course to enhance the health and happiness of the patient, and to provide us with an income in the process.

The jaws constitute a machine specially adapted to the mastication of food ; it is our job to maintain that machine at maximum efficiency. Every restoration becomes part of the machine and subject to all the forces that the jaws are capable of producing ; these forces frequently cause failure of the restoration. Most mechanical problems met with during operative procedures are solved by the application of ' common sense.' Unfortunately, this method is as likely to produce fallacious results as correct ones. In fact, the outcome is left entirely to chance. A little knowledge of mechanical theory enables one to avoid mistakes, explain failures, but above all puts observation and reason in the place of guesswork.

The forces required for mastication are applied through the bone and periodontal membrane to the root of the tooth. If the occlusal surfaces of teeth were flat and at right angles to the direction of the forces applied, the reaction would be along the long axis of the tooth. The opposing surfaces of teeth however are curved so that other forces are set up and the applied and reacting forces are no longer along the long axis of the tooth. A consideration of this problem resolves itself into a study of the inclined plane. Cusps are not plane surfaces, but they may be considered as such, by taking the surface of the inclined plane as the slope of the tangent at the point of contact of the opposing cusps.

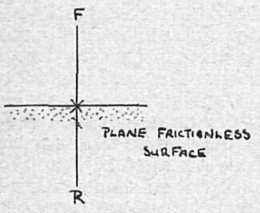

Fig. 1 (a)

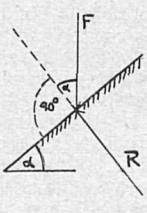

Fig. 1 (b)

FIG. 1 (a). This shows the reacting force perpendicular to the surface, this being the only direction in which a frictionless surface can react. In (b) the reacting force does not oppose the applied force exactly in direction, nor is it equal in magnitude ; a third force is necessary for equilibrium. Vertical forces cannot be applied to an inclined plane and the system remain in equilibrium unless a third force is applied.

As is well-known, a force has magnitude and direction and can be plotted as a straight line of given length. For a system in equilibrium if all the forces are plotted head to tail we have a complete geometrical figure with the arrows pointing around it in the same direction. The forces acting at the points of contact between two cusps as shown in Fig. 2, will be considered later, but first a word about friction. Friction is the resistance to a sliding motion of one body over another, and it is dependent only on the nature of surfaces in contact and the forces acting perpendicularly to these surfaces. It is difficult to determine its effect on the forces at the point of cuspal contact owing to the lubricating effect of food and saliva, but there is friction, of course, and we must take it into account. I must apologise for these repeated flashbacks to your physics days, but the curriculum seems to be specifically arranged so that one has completely forgotten the basic principles by the time one has an opportunity of applying them.

In FIG. 2 (a) we can see that in order that the teeth can come together for the purpose of crushing, a third force (H) must be provided to prevent the teeth sliding.

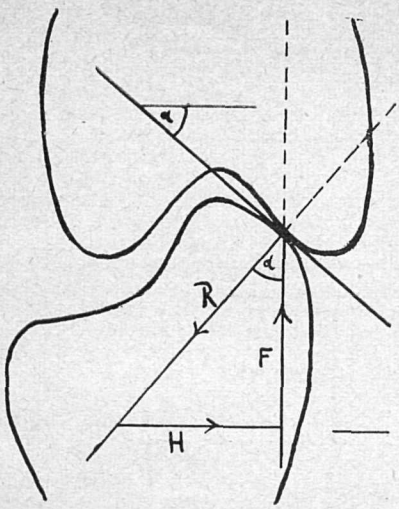

Fig. 2 (a)

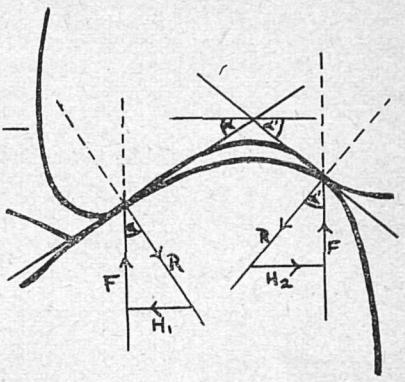

Fig. 2 (b)

This third force is provided by cuspal inclines in opposite directions, or by the muscles of mastication which control lateral movements of the mandible. Friction also contributes to this third force. Its effect, without going into the mathematics of the thing, is to reduce the steepness of the inclined plane, i.e., if the friction is infinitely great, the plane can be considered horizontal and H = ZERO. This condition is closely approximated when masticating the College version of baked jam roll. So far we have dealt with point contact in one plane only. Frequently, there are two or more inclined surfaces with slopes facing each other. (b) Shows such a condition and the effect is that of a wedge. The force (F) when applied to each plane results in horizontal components (H_1, H_2) which are equal in magnitude but opposite in direction and tend to push the inclined surfaces apart. Many contact points and cusps have disappeared through this agency.

So far we have considered our tooth and restoration to be absolutely rigid, i.e., that they underwent no change in shape or size as the result of forces applied to them, but of course when a force acts on a body it deforms it and sets up in the body forces opposing the deformation. These forces constitute the compressive stress opposing the load, and any change in linear dimension is termed strain and the force per unit area of cross section is termed stress.

$$\text{UNIT STRESS} = \frac{\text{TOTAL STRESS}}{\text{CROSS SECTIONAL AREA}}$$

$$\text{UNIT STRAIN} = \frac{\text{INCREASE or DECREASE IN LINEAR DIMENSION}}{\text{ORIGINAL LENGTH}}$$

$$\text{MODULUS OF ELASTICITY} = \frac{\text{UNIT STRESS}}{\text{UNIT STRAIN}}$$

The modulus of elasticity is a measure of a body's resistance to change in its dimensions, or its tendency to return to its original shape. For example, gold offers much more resistance to change in its dimensions than gutta-percha. Thus gold has a higher modulus of elasticity. Most filling materials possess different physical properties from the tooth substance itself. Differences in thermal coefficients of expansion may cause considerable pressures to be developed within the tooth. Differences of moduli of elasticity dictate special cavity design to ensure a reasonable life for the filling.

FIG. 3 (a). This shows three equal prisms of dentine subjected to the same load. They all undergo the same strain and each support $\frac{1}{3}$ load. If we replace one prism with a prism of gold, then since gold has a modulus ten times that of

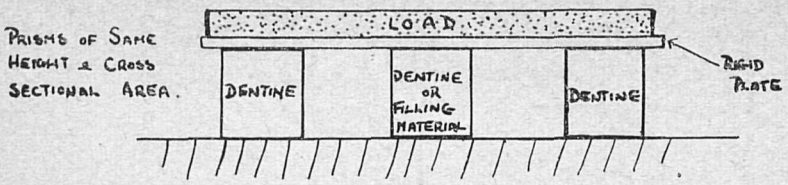

Fig. 3 (a)

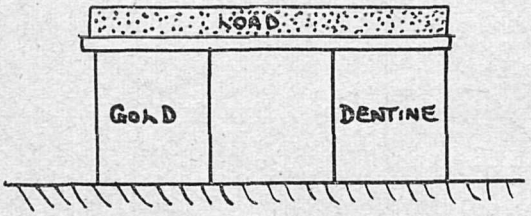

Fig. 3 (b)

dentine and the strain is still equal for each prism, then by referring to our formula it is clear that the gold prism undergoes a greater stress. (Stress in gold prism ten times that in dentine prism or five times stress in two dentine prisms ; thus gold supports $\frac{5}{6}$ load and dentine prisms $\frac{1}{6}$). Here we are assuming that the whole of the tooth surface comes into contact which is untrue, but generally it is safe to say that the restoration will support more of the load than did the original tooth substance which it is replacing.

With only two prisms as in (b) the condition for equal deflection under load no longer holds. Here the stress in each prism is equal, but the dentine prism must undergo a greater strain to compensate for the higher modulus of gold. Thus the rigid plate would tend to tilt owing to the greater shortening of the dentine prism. The practical significance of this will be appreciated when we come to consider CLASS II restorations.

For the sake of completeness, I must say a few words on the types of loading. When a force is applied to a body it varies from zero to a maximum before equilibrium is reached. If it is applied gradually the stresses developed may not exceed those calculated for equilibrium conditions. When a load is applied suddenly stresses twice those developed under static conditions may be set up. This is the principle of dynamic loading, and must be allowed for when calculating the magnitude of forces developed in the mouth. The principle of axial loading is that the stress increases as cross sectional area decreases. The more violent the change the greater the increase in stress ; a gradual change results in no increase in stress. This is of importance when considering occlusal keyways, etc.

Before passing on to the various types of cavity, I think a few words on the periodontal membrane would be of value. Current teaching in dental anatomy states that the tooth is slung in its socket by Sharpey's fibres of the periodontal membrane, and that these fibres absorb the stresses to which the tooth is subjected. On this theory, however, it is difficult to explain the ' tightness ' of teeth in the alveolus and the relatively big increase in movement when radiographs show a slight widening of the periodontal space. Sharpey's fibres are wavy in the rest position. Therefore the tooth must move a little before they come under tension, and further since they are attached at an angle to the root only part of the stress in them is effective. In view of this one would expect the tooth to be quite mobile, but one morning in the extraction room will reveal that this most decidedly is not so. In fact, it requires 90·5 lb. to move a tooth apically 1/1000 of an inch.

From a mathematical point of view it is better to regard the periodontal membrane as a chamber full of fluid, and since the spaces between Sharpey's fibres are filled with vessels, tissue fluid, etc. I think the comparison is fairly plausible. Regarded in this way the membrane is incompressible and the tooth will not sink in its socket under load ; the membrane is merely squeezed from points of high

pressure to points of low pressure. If the membrane becomes infected and congested, the walls of the alveolus cannot be expanded nor the membrane compressed, so the tooth is extruded from its socket. This is, of course, thoroughly confirmed by clinical observation. Under the fibre theory, if normal tooth movement was 1/1000 inch then doubling periodontal membrane width would enable tooth movement of 2/1000 inch. Under the incompressible membrane theory the increase in tooth movement is the cube of the periodontal widening, and doubling periodontal width results in movement of 8/1000 inch. This latter figure correlates much more closely with clincial observation than the former. I think, therefore, that when calculating stresses in the periodontal membrane it is preferable to regard it as an incompressible mass. Pathologically the important consideration is whether blood pressure is exceeded in the membrane for any length of time.

The CLASS I type of restoration is entirely enclosed in tooth substance except for the occlusal surface. The floor of the cavity should be flat. The walls should be slightly diverging for inlays and undercut for amalgams. In my opinion the undercutting of cavities for amalgam restorations is greatly overstressed. FIG. 4 shows three cavities: (*a*) Represents the degree of undercut recommended in

Fig. 4

(*a*) (*b*) (*c*)

most textbooks. (*b*) Represents the usual interpretation of this advice ; the dotted line represents the degree of undercut desired by a newly appointed house surgeon. (*c*) Is a suggested cavity form. It has slightly diverging walls with a slight undercut at three well separated points. The amalgam in cavities (*a*) and (*b*) certainly cannot fall out, but has every facility for caving in. Undercut walls give no support to the restoration and all the load is passed straight on to the pulpal floor ; further, any depression of the restoration into the cavity results in failure of the margins. Retention is required only against the pull of sticky foods, and it seems odd that we should make such allowances for this small pull, yet make no attempt to counteract the infinitely greater apical thrust of mastication. Often at the end of caries excavation a rounded pulpal floor remains. Now it can be proved that in a cavity with a hemispherical base, the stress increases to a maximum over the lowest part of the cavity ; in fact, this point is subjected to twice the stress which it would have had to bear had the floor been flat. Restorations in cavities with rounded floors are also likely to rotate out of the cavity with eccentrically applied loads. This applies particularly to shallow cavities. The deeper the cavity with regard to its surface area the less likely is it to occur ; if the depth of the cavity is doubled, then the tendency to rotate is reduced by 75%.

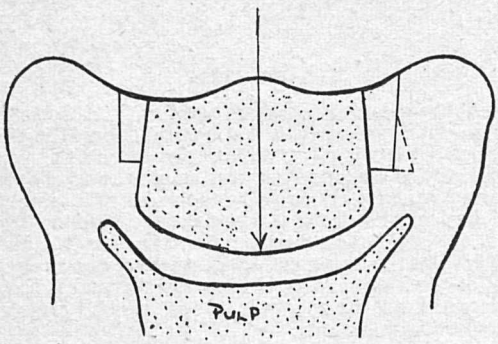

Fig. 4 (d)

FIG. 4 (*d*) shows a typical deep CLASS I cavity. First we know that the restoration is supporting more of the occlusal load than did the original tooth substance which it is replacing, but the walls offer no support and so the whole load is passed straight on to the pulpal floor. This floor is rounded and therefore its lowest point is subjected to almost twice the occlusal load. Thus the pulpal floor which is often thin and decalcified by caries receives an almighty load, and if it deflects the cavity margins fail. Even now we are ignoring the possibilities of dynamic

loading and the effects on a poor old pulp which is already laying down secondary dentine for dear life. Lining with cements does not alter the situation. To alleviate some of the undesirable effects it is suggested that the cavity is extended so that a small ledge of sound dentine is present around the periphery of the cavity and the walls made diverging and therefore supporting.

Slight undercuts are made at three widely separated points.

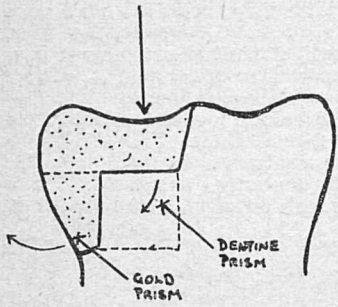

Fig. 5 (a)

FIG. 5 (a) shows a CLASS II restoration. If we regard the occlusal portion as a rigid bar, then the proximal portion and the dentine constitute a rough analogy to our two prisms in FIG. 3 (b). Since the dentine will undergo the greater strain, the occlusal lock portion of the inlay will tend to tip into the tooth, the interstitial portion will be forced against the proximal wall ; further tipping resulting in rotation about the occlusal-proximal angle. Thus the restoration tends to move out of the cavity at the gingival margin ; some authorities suggest locking at the cervical floor by reverse bevelling, pins, etc. Clearly this is highly theoretical, since if the occlusal portion tipped the margins must fail. Rather, one must picture the whole occlusal surface under compression, resulting in tipping of the inlay with subsequent rotation out of the cavity. The occlusal lock provides retention against dislodging forces caused by wedging, etc.

Before discussing the M.O.D. type of restoration we must know a little about beams. FIG. 5 (b) shows a beam supported at each end, being subjected to a load. The upper surface undergoes compressive stress whilst the lower surface suffers a tensile stress, and this implies that somewhere within the beam there must be a plane of zero stress, i.e., the neutral plane. The ends of the beam tilt outwards and upwards.

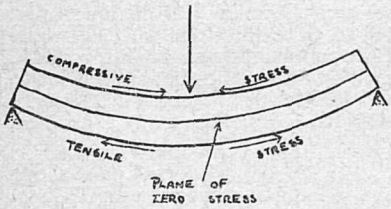

Fig. 5 (b)

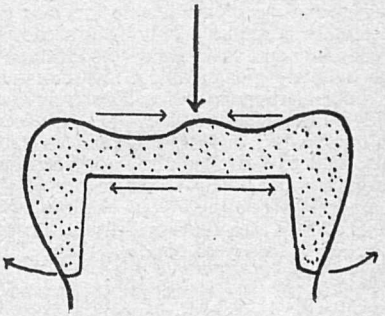

Fig. 5 (c)

An M.O.D. restoration should be regarded as a beam and FIG. 5 (c) shows that again the tendency is for rotation out of the cavity at the cervical floor. The effect is the same as in the two surface restorations considered above, but the cause is different. To offset this undesirable tendency one can employ reverse bevels, pins, etc. Also it is worth bearing in mind that doubling the width of a beam will halve the deflection, whereas doubling its depth will reduce its deflection by $\frac{7}{8}$. Deflection varies as the cube of the length, and therefore the deflection in a molar restoration will be approximately eight times as great as that of a premolar restoration. The mathematical proofs of much of the foregoing are well beyond the scope of this paper, and alas, I must confess that the only calculus with which I can really cope, is that which can be removed with a scaler.

The farther a surface is from the neutral plane the greater the stress it undergoes. If a beam is bent around a sharp corner the neutral plane passes very closely to the inner surface, i.e., the outer surface is subjected to a greatly increased stress. This is the reason why amalgam restorations fracture if the angle between occlusal

and proximal portions is not rounded. Rounding the angle pushes the neutral plane nearer the outer surface, and thus reduces the stress of this surface.

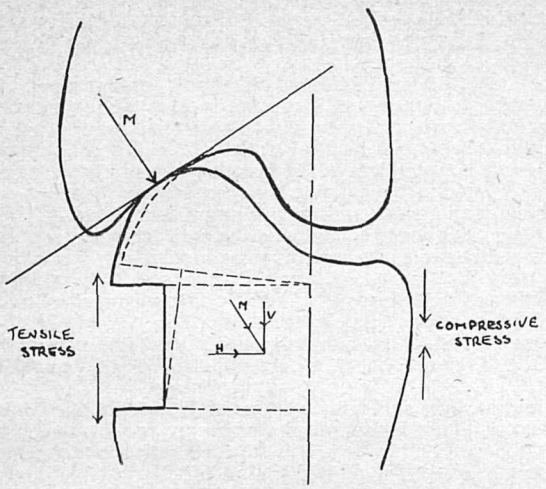

Fig. 6

The CLASS V cavity, though not subject to occlusal loading is still liable to failure on mechanical grounds. From FIG. 6 it can be seen that due to the inclined plane at the point of cuspal contact there is a horizontal component of the occlusal force, acting at right angles to the long axis of the mandibular teeth. If we regard the tooth as a beam stood on end we can see that it will deflect a little by virtue of the horizontal force. If we cut a cavity we reduce the depth of the beam, and since the deflection varies as the cube of the depth, then clearly the portion above the cavity will deflect more than the part below the cavity, since the upper portion constitutes a thinner beam. A wedge shaped gap opens up between the restoration and the upper wall of the cavity. This may seem a little improbable but one must remember that the tooth is not a solid beam ; somewhere within lies a pulp, and in the region where CLASS V cavities are cut it is not very far in at all, as I for one have proved *in situ* !

Now obviously this type of failure cannot occur in the maxillary teeth since their buccal surfaces are normally under compressive stress. CLASS V restorations as a whole however have a rather limited life, and since none of the maxillary and probably only a few of the mandibular CLASS Vs fail on mechanical grounds, the majority fail owing to stagnation around their margins due to poor cavity design or poor finishing of the restoration. Thus when preparing a cavity the mechanical problems should be considered, but the prime guiding factor in cavity design must always be our knowledge of the aetiology of dental caries.

REFERENCE

GABEL (A. B.). *American Textbook of Operative Dental Surgery*, 8th Edition, 1947.

Seventy-Five Years Ago

From the Guy's Hospital Gazette, December, 1878.

FOOTBALL NEWS. **Guy's Hospital** *v.* **London Scottish.**

This match was played at Blackheath, on Saturday, November 23rd and after an hour's play resulted in favour of the Hospital by one goal to nothing. . . . After ends had been changed Guy's gradually pressed their opponents back, and Stokes gained a try, which, however, was disputed, and brought back. Directly after this Jackson got in between the posts and Stokes kicked a goal. The crowd greatly interfered with the game, and were more than usually obnoxious . . . .

SUSPENDED ANIMATION

Staff nurse : "Sister, here is the new nurse. She is very senior and due for strings, but is held up by clips."

REVIEWS

Diseases of Women. By Ten Teachers under the direction of FREDERICK W. ROQUES, M.D., M.Chir., F.R.C.S., F.R.C.O.G., edited by FREDERICK W. ROQUES, JOHN BEATTIE, JOSEPH WRIGLEY. Ninth edition. Edward Arnold & Co. *Price* 28*s.*

Four years have passed since the last edition of this book appeared and in the present edition the editors have hoped " to secure an increase in dogmatism . . . . without sacrificing orthodoxy which " (they say) " is essential in a text book written primarily for your practitioners and medical students." In this connection one might indicate certain small items which would benefit from still more dogmatism. On page 199, for example, a patient fitted with a pessary " should be instructed to douche the vagina with a weak antiseptic solution once a day." This is precisely where trouble begins, and where some more dogmatic statement would be valuable. A teaspoon as a measure and a cup of water in which to make the mixture provide a simple basis for dogmatic therapy. Thus, one could prevent dreadful mistakes like a half and half mixture of lysol which might constitute " weak " to the patient of below average intelligence. Further, the excellently annotated diagrams on pages 97 and 339 throw into greater relief the obscurity of those on pages 315 and 328. Figure 89 is not a happly illustration of a cervical fibroid.

" Young practitioners and medical students " will certainly consult this book when faced with one of the commonest ills to which women are prone—anæmia. But it is not in the index. On page 117, however, it is stated that in the treatment of anæmia arising from menorrhagia " The administration of iron in large doses is essential." Surely something a little more dogmatic is indicated here ? Is it to be intravenous ? In what form is it to be taken, and for how long ?

It seems odd that in such a book the radio-therapeutic treatment of carcinoma of the cervix is described in some detail as to dosage and technique (a procedure which, as Novak rightly points out, does not come into the province of the young practitioner and medical student) whereas the only detail provided in the chapter on *Tuberculosis of the genital tract* as regards drug therapy is the bland statement " A full course of specific therapy with streptomycin and para-amino salicylic acid should be started." Isoniazid is not even mentioned—a regrettable omission in a 1953 textbook.

But criticisms of this sort which refer to a certain lack of logical balance in a composite volume should not be allowed to obscure the fact that this is a very good book and is very much to the point. Students will find it particularly valuable as the layout is clear and it is of convenient size. The new edition is a welcome concise addition to an already voluminous literature. E.E.D.T.

Incompatibility in Prescriptions. STEPHENSON. Sixth Edition edited by JAMES BURNET. The Prescriber Publications Ltd.

The present tendency to simplify prescriptions and to prescribe drugs singly in the form of tablets, capsules or as injections has reduced the incidence of incompatibilities very considerably. Nevertheless the fact that the last edition of this book was published as recently as 1949 shows that prescribers still find a need for guidance in avoiding the combination of incompatible substances in prescriptions.

The value of the book is somewhat reduced by a number of errors and misleading statements. It is surprising that in a volume of this nature " Medinal " is given as a synonym of Phenobarbitone Sodium and that the properties of the latter are described in the place where one would expect to find Barbitone. It suggests that the writer is confusing the two substances. A dose by subcutaneous injection ascribed to Liquor Adrenalinæ Hydrochloridi, B.P., shows a failure to appreciate the difference between the Solution and the Injection of Adrenalin. At least three substances are described as " B.P. " although they are no longer included in the pharmacopœia and a number of obsolete drugs and preparations, such as the Vinegar and Wine of Ipecachuana, Infusion of Roses, Piperazine, etc., are quoted as examples.

The omission of any reference to the physical incompatibilities of the newer emulsified ointment bases and of the chemical and physical properties of some of the more recently introduced drugs, the antibiotics for example, also detract somewhat from its practical value.

Nevertheless, despite these shortcomings, the book should continue to provide useful guidance to prescribers and students in the avoidance of some of the common but not easily remembered pitfalls of prescription writing. J.M.

A Textbook of Bacteriology. By R. W. FAIRBROTHER, M.D., D.Sc., F.R.C.P. Seventh edition. William Heinemann Medical Books Ltd. *Price* 20*s.*

Since the last edition of this deservedly popular textbook appeared in 1949, much progress has been made in the study of bacterial metabolism. This has been matched by substantial advances in chemotherapy and in our knowledge of virus infections. The present volume incorporates much new material while preserving the general format already so familiar. It is regrettable that the remarkable new drug Isoniazid B.P. is not mentioned in the paragraph (p. 74) devoted to the "Isoniziads" (*sic.*) while on p. 320 we find "isonicotinic *hydrazizide* "(reviewer's italics). In future editions, it might be distinctly advantageous to include the chapter on "The Cultivation of Bacteria," with its admirable descriptions of simple procedures, under the heading of "General Technique" (Part III, p. 454).

The new edition is undoubtedly a most valuable and carefully balanced textbook which will continue to maintain a well-established reputation.

E.E.D.T.

CORRESPONDENCE

Letters to the Editor of the Gazette

Guy's Hospital Clubs' Union

SIR,—In previous years you have been kind enough to publish the Income and Expenditure Account of the Clubs' Union; I therefore request that you print that for the year 1952–53.*

Your readers will notice that there is a deficit on the year's working of £216. This has been met from past surpluses, which are now reduced to £30. The main business of the meeting of the Clubs' Union Council on 30th October was to consider what policy to adopt in the future, and I was directed to draw attention to the following situation:

With effect from October 1953 the income of the Clubs' Union will be increased by raising the subscription to £6 6s. 0d.; however, this increase will be inadequate to meet the greater demands on the Clubs' Union. Firstly, the secretaries of the constituent Clubs put in demands for a sum which exceeded last year's expenditure by £580. Secondly, the Students' Club is proceeding with plans for opening up new premises in Newcomen Street. Thirdly, costs of travelling, and maintenance and purchase of equipment are constantly rising. It is essential that the Clubs' Union have some reserve so that repairs, decorations and maintenance of property can be effected. This reserve can only be secured if all members of the Clubs' Union co-operate.

The meeting was of the opinion that travelling was the only major item of expenditure on which any real saving is possible. It is not the intention of the Council to prevent the wide circulation of Thomas Guy's athletic ambassadors; but it would be as well to scrutinize carefully their visits to the provinces. All fixture lists are under review, and secretaries of all clubs are requested not to make new fixtures outside London without consultation. All are requested to make as great a use as possible of alternative methods of private transport.

It was noted at the meeting with regret that only a proportion of the twelve student representatives on the Clubs' Union Council were present. Decisions have to be taken which affect the student welfare, and these decisions are doubly difficult if representation is not full.

To conclude on a happier theme it was decided that the Clubs' Union should hold their Annual Ball on 22nd January, 1954, at the Park Lane Hotel and that Mrs. F. N. Glover should be asked to act as hostess, to which she has kindly agreed. It is hoped that old and young will come and disport themselves on that day. Leaflets giving details have already appeared in the *Gazette*.

Yours, etc.

P. A. LANE ROBERTS,
Hon. Secretary
Guy's Hospital Clubs' Union

Guy's Hospital, London, S.E.1.

**The Income and Expenditure Account is published on page 489.*

Sheet Flying

SIR,—A few weeks ago we were pleased to hear of the advance which had been made in the transport of patients to theatre. We thought that the flying sheet had made its last journey, that insurance companies no more need enquire of applicants, " Are you going on a long air journey or into a Guy's surgical ward ?" before granting policies.

Imagine then my grief when I went to a well known surgical ward for a patient the other day and was told that the poles were locked away, their use banned by Sister ! Instead of the time-tried terrors of the sheet fly, we had to move the patient, blissfully premedicated, by means of the canvas stretcher, *sans* poles, a most hazardous and narrow magic carpet. The whole idea defeated entirely with one master stroke ! Please sister, unlock the cupboard, let loose those poles, the twentieth century isn't so dreadful after all ! Or else be consistent, throw away the penicillin, abandon electric equipment, bring out the oil lamps, eschew the lifts and *walk* up those good old fashioned stairs.

Yours, etc.

DISAPPOINTED.

Nursing : a career

SIR,—I should like to thank the patient who in a recent number expressed his appreciation and admiration of nurses. We are grateful for any expression of gratitude by our patients, but it seems a pity that he (in common with many others) seems to regard us more as ministering angels than as ordinary human beings.

In the past nurses did uncomplainingly endure hardships with little material reward ; the enterprising young women of today, however, take up nursing because it is a career which offers incomparable advantages.

The work is, perhaps, harder than most ; but it is also more varied and is made interesting by the ever-changing streams of individuals with whom we have the pleasure of becoming acquainted. We learn very early that with the help of a smile and the constant use of self-control (or so-called " patience "), the co-operation of our patient is ensured. The training we receive is invaluable to us *throughout our lives, whatever we may do, or wherever we may go.*

Yours, etc.

STRINGS.

Palatable Pathology

SIR,—On more than one occasion my attention as a student, has been drawn to the peculiar association of ideas exhibited by the pathologist when he is in the process of describing the colour and consistency of morbid tissues.

With a gentle show of gifted tolerance, he is accused of using the most unsavoury of similes—drawing his comparisons from among a host of national and continental dishes. Indeed, he would seem to be cursed with a mind whose only source of inspiration is to be found in the kitchen.

On the contrary, however, the morbid anatomist shows us his generosity of spirit by allowing his disturbing work to be forever united with the sanctity of his palate.

He cannot but fail to capture the imagination of the young Falstaffs who dreamily peruse his volumes, when in every chapter they are confronted by so wide a choice of delicacies.

To the enquiring mind it is at once evident that " the way to the heart is through the stomach."

Yours etc.

EPICUREAN.

P.S.—This protest is published in an effort to promote a continuing harmony and understanding between the hospital departments, and to further the interest of right-thinking people everywhere.

The Italic Hand

SIR,—Italic handwriting—fascinating, no doubt, but medieval, doctor ; medieval. The writing tool of today should be the typewriter. Teach it in schools. Devise a really portable one (perhaps battery operated ?), Make it standard equipment for the student and doctor. The G.P. also needs a short wave radio receiver and transmitter which will either screw into the skull or be contained in the bowler, for the squeamish.

A few months ago my writing was illegible. It still is. But look what half an hour a day has enabled me to touch-type to you with only one mistake, so far. Work through Pitman's book. It soon comes.

Yours, etc.

Welford, Rugby. G. R. McK. SICHEL.

GUY'S HOSPITAL CLUBS' UNION

Income and Expenditure Account (in round figures), for the Year ended 31st July, 1953

	£	£
GROUND EXPENSES		
Wages of Groundsmen	994	
Rent of ground at Honor Oak Park	200	
Hire of other pitches	9	
General Rates and Water Rate	278	
Gas and Electricity	101	
Telephone	13	
General Repairs	58	
Petrol and Oil for Mowers	61	
Repairs to Mowers and Tractor	72	
Seed, Fertilisers, Sand, etc.	128	
Coke	46	
New Equipment	38	
New Towels	36	
General Expenses	53	
		2,087
EXPENSES OF CONSTITUENT INSTITUTIONS		
Association Football Club	119	
Athletic Club	44	
Boat Club	79	
Boat Club—Balance of cost of new boat	85	
Chess Club	5	
Cricket Club	107	
Dental Society	34	
Golf Club	24	
Hockey Club	100	
Lawn Tennis Club	51	
Motoring Club	17	
Music Club	47	
Netball Club	7	
Pavy Gymnasium	94	
Physical Society	9	
Rifle Club	50	
Rugby Football Club	299	
Sailing Club	32	
Squash Club	31	
Students' Club	675	
Students' Union	19	
Swimming Club	20	
Theatre Club	3	
		1,951
FARES AND TRAVELLING EXPENSES		
Athletic Club	12	
Cricket Club	42	
Golf Club	1	
Hockey Club	41	
Lawn Tennis Club	5	
Rifle Club	2	
Rugby Football Club	333	
Sailing Club	62	
Swimming Club	7	
		505
OTHER EXPENSES		
Guy's Hospital Gazette, copies of (Staff)	75	
Guy's Hospital Gazette, copies of (Students)	298	
Maintenance of Squash Courts and Gymnasium	311	
Office Salaries and Superannuation	200	
Printing and Stationery	21	
Audit Fee	15	
Insurances	116	
Sundry Expenses	14	
		1,050
		£5,593

	£	£
SUBSCRIPTIONS RECEIVED DURING YEAR	4,167	
GRANT FROM MEDICAL SCHOOL	600	
GRANT FROM DENTAL SCHOOL	400	
RENTS FROM TENANTS	90	
GATE AND STAND RECEIPTS (Net)	80	
INTEREST ON RESERVE FUND	16	
INTEREST ON BANK DEPOSIT	19	
DONATIONS	5	
		5,377
BALANCE BEING EXCESS OF EXPENDITURE OVER INCOME FOR THE YEAR		216
		£5 593

The audited Balance Sheet may be inspected at the Medical School Office.

SPORT

RUGBY FOOTBALL

Guy's *v.* Cambridge University

Wednesday, 18th November, 1953
Result—Lost 0–26

Cambridge University gained a convincing victory over the Hospital by four goals, a penalty goal and a try to nil. On this form the University side was the best seen for several seasons but it was a disappointing display by the Hospital after this season's improved form. It was surprising to see the Guy's forwards so completely dominated, individually they played well but their inability to combine together was most noticeable in the loose where they heeled the ball only a few times during the afternoon. The backs, with only a small share of the ball, spent the afternoon on the defensive. Except for a spell of seven minutes in the first half they tackled quite well. It was during this period that the University scored thirteen points.

Cambridge have two good wings in Griffiths and Roberts, an outstanding full-back in Davies and a grand pack of forwards. Roberts, Griffiths, and Stevenson scored for the University, Davies converted four of the tries and one penalty.

For the Hospital, Howells played well at full-back, while Pook was prominent in the pack.

Guy's *v.* Rosslyn Park

Saturday, 21st November, 1953
Result—Won 9–3

After Wednesday's disappointing display Guy's showed improved form by beating Rosslyn Park by a dropped goal and two tries to a try. The Hospital were much superior outside the scrum, Hawley beating his man by sheer pace time after time. G. W. Hackett finished a brilliant three-quarter movement to score a grand try in the first half. M. Lindsey landed a drop goal from thirty yards just before the interval to give Guy's a lead of six points.

In the second half Meredith scored for the Hospital. The Park replied with a try near the end. Guy's missed Howell's place kicking, some very easy shots at goal being missed.

Guy's *v.* Coventry

At Honor Oak Park

Saturday, 28th November, 1953
Result—Won 9–3

Guy's started badly against Coventry and were three points down through a try scored in the first few minutes. For some time the course of the game was determined by the Coventry pack and play centred in the Guy's half. All attacks by the Coventry three-quarters were held and gradually the Hospital began to get the ascendancy. Howells came into the line from full-back and the backs looked quite dangerous and gained ground with each movement. There was no further scoring in this half. Guy's had the chances to equalise and to take the lead through penalties but all were unsuccessful.

The second half of the game belonged solely to Guy's. Coventry reached the Hospital 25 but once in this period. Howells atoned for his bad kicking in the first half by equalising through a penalty goal. Hawley was prominent in the centre and made some good breaks and from one of these Van den Berg scored a very good try which was not converted. The last score was another penalty goal kicked by Howells. This half was very robust and there were numerous stoppages for injuries. Unfortunately for Coventry they lost one of their players who suffered a dislocated elbow in saving a certain try by Kirkbride. However, both sides finished with fourteen men when Meredith left the field before the end of the game.

Guy's *v.* London University

December 2nd, 1953
Result—Lost 5–14

This game was played at Motspur Park under good conditions, on a dry day with no wind. The first few minutes produced indifferent play with neither side making much ground, but then Guy's pressed hard and stayed in the opposing side's half; there was, however, lack of cohesion in the Hospital's backs. Several penalties were given to both sides, and of these London University had the majority, and after 15 minutes play they landed a penalty with a good kick from 40 yards out and in front of the posts. This seemed to inspire the University, and they all but scored in the corner, Howells just tackling the winger into touch. Guy's then replied with Hackett making an opening, and just before half time Howells joined in the line, and Hawley cut through to make a fine run which just failed to bring a try.

The second half started with London University getting quick heels both from the tight and loose scrums, with this the London University's backs looked more dangerous and eventually their left centre scored with a drop goal from 30 yards out. London University continued to dominate in the scrum, and after some enterprising play both in their backs and forwards, a forward went over for a try. This was converted and the score was 11–0. The University scored again when their left wing went over in the corner, the kick failed. In the last few minutes Guy's backs had more of the ball and after a good run by Hackett and Evans, Hawley made a good opening with Lindsey backing up who passed to Glendinning for a try between the posts, Howells converted, and with this goal by Guy's, the game ended.

Guy's *v.* Llanelly

At Honor Oak Park

Saturday, 5th December, 1953

Result—Lost 3–6

Guy's were rather unlucky to lose this match by two tries to one. Conditions were not conducive to open play because of a slight drizzle, wet ball and slippery surface. However, both sides made an attempt to keep the game open. This made the spectacle interesting to watch but repeated scrummaging because the ball did not go in nor come out properly was somewhat tiresome. Guy's, true to custom, allowed their opponents to score first. Then the fullback lost the ball when tackled in possession and a Llanelly forward scored. At this time Llanelly showed considerable superiority and seemed sufficiently confident in obtaining the ball from the set scrums that one of their back row forwards left the scrum to be an extra three-quarter. However, the Guy's forwards saw to it that Llanelly needed eight forwards to hold them and from that time the Llanelly pack seemed unable to dictate play. Hobbs, deputising for Fairweather who was unavailable, hooked

admirably against his more experienced opposite number. Guy's equalised shortly before half time when Meredith broke away from a line out, passed to Glendinning who scored near the post. The kick was unaccountably missed.

After half time the game warmed up considerably and both sides went out for a winning score. This was achieved by Llanelly twenty minutes from the end following a kick ahead over the Guy's line. In the last hectic ten minutes the Guy's pack with Kirkbride, Pook and Meredith outstanding threw everything into the fight. Hackett on one occasion almost ran round behind the post but he had received a forward pass and the game was over.

Team : W. J. Howells, C. Evans, G. W. Hackett, R. T. Hawley, E. O. James, T. M. Lindsey, A. J. Armour, J. W. Kirkbride, D. M. Hobbs, J. Van den Berg, C. W. Pook, H. C. Meredith, N. W. Glendinning, S. R. Cooke, D. P. Honey.

HOCKEY

Guy's *v.* Merton

At Merton

November 28th, 1953
Result—Won 5–4

Guy's defeated Merton by five goals to four after a hard fought game on the Merton ground which courtesy only could call a hockey pitch.

The game opened with Guy's attacking strongly and playing with the advantage of a slight slope assisting them ; but it was Merton who scored first, following a short corner the opposing inside-left drove the ball into the net. This setback roused the Hospital to greater exertions and with the defence tackling and hitting the ball magnificently Guy's took complete control of the game and by half time led by four goals to one.

Immediately after the bully-off Guy's further increased their lead, this goal coming as a result of a fine piece of dribbling by Paul who, although dispossessed of his stick just inside the circle, directed the ball accurately into the empty net. Merton now reorganised their team and the positional changes had the desired effect of strengthening both their forwards and their half-backs. Three quick goals were scored by them and it was only when the Hospital started moving the ball about quickly and hitting hard that the Merton attacks were rendered harmless.

The Merton centre-forward and inside-left were always dangerous but were usually well marked by the Guy's backs Laney and Tuddenham. Of the forwards the two wings were the most useful, Cooke especially making several good runs and centering hard and accurately.

Scorers : Hall, Millar, Willis, Cooke, Paul.

Team : W. A. Cahill ; D. R. Laney, H. M. Tuddenham ; M. MacKenzie, R. W. Elsdon-Dew, W. R. O. Eggington ; N. R. Cooke, R. R. Paul, M. F. H. Willis, J. I. Millar, J. J. Hall.

Guy's *v.* Crostyx

At Woodford

December 5th, 1953
Result—Won 2–1

In defeating Crostyx Guy's registered their fifth consecutive win. The hospital team was weakened by the absence through illness of Tuddenham and Ackery and the experiment of playing Millar at back was not altogether a success. Bouch who was playing for the senior team for the first time this season showed encouraging form and in no way belied the confidence placed in his selection.

The game never reached a high standard and the fault for this was due to a great extent to the poor conditions under which the game was played. Heavy overnight rain made the ground most uncertain and in addition its surface was far from level.

Guy's opened the scoring half way through the first half when Willis following a nice through pass from Bouch slipped the ball into the net. There was no further scoring and no play worthy of mention until halfway through the second half when the Crostyx outside left equalised with a hard shot which gave Cahill no chance. Soon afterwards Paul once more gave the hospital a lead when he dribbled the ball skillfully into the net. The goal came as a result of some intelligent hockey ; MacKenzie at right half passed to Elsdon-Dew at centre-half who in turn pushed the ball firmly to Paul just outside the circle.

The only hospital player to increase his reputation as a result of this game was MacKenzie who is rapidly becoming one of the most reliable players in the team.

Scorers : Willis, Paul.

Team : W. A. Cahill ; J. I. Millar, D. R. Laney ; M. MacKenzie, R. W. Elsdon-Dew, W. R. O. Eggington ; N. R. Cooke, R. R. Paul, M. F. H. Willis, C. Bouch, J. J. Hall.

OTHER RESULTS

A XI :	
v. Pembroke College, Oxford.	Won 4–0.
v. London School of Economics	Won 4–1.
Second XI :	
v. Wallington II XI.	Won 2–1.
v. Merton II XI.	Won 2–1.
v. Crostyx II XI.	Won 2–1.
Third XI :	
v. Wallington III XI.	Lost 1–3.
v. Merton III XI.	Won 3–2.

BOXING

The first inter-club match of Guy's boxing season was held at Camberley against the Royal Military Academy Sandhurst " A " team on Thursday, 19th November. The result was a win for Sandhurst by six bouts to four, or 16 points to 14 on the actual marking.

It was a most enjoyable evening enlivened by the splendour of Academy band, and an enthusiastic audience who cheered vociferously between the rounds. The Guy's boxers appreciated greatly the presence of Mr. A. J. McNair the Club's President.. The hospital boxers proved themselves the more stylish, and in the bouts that went to points decisions they appeared surprisingly fresher than their opponents.

St. Mary's very kindly supplied two boxers to make up the team ; M. H. Darroch winning on points against T. S. English and R. J. O. Smith was stopped in the 2nd round following a barrage of blows from P. M. Woodford, an experienced boxer.

Other contests were as follows :—

A. Jones (Guy's) beat P. Dejdamerong (R.M.A.) on points. Resisting a furious onslaught at the start Jones covered up well and had a respite when the referee cautioned his opponent for using his head and laying on. Thereafter, Jones scored frequently with left leads and an occasional right, and gradually got the upper hand to earn himself a hard won decision and the credit of being the best winner.

C. Wallace (Guy's) lost to F. R. Fletcher (R.M.A.) in the 2nd round. Fletcher landed solidly from the first bell and Wallace was unable to bring his defence into play against a strong opponent. Continuing to attack Fletcher put Wallace down for a count of 8 from a left hook and on going down again a few seconds later his plucky display ended with the referee intervening.

T. M. Winstanley (Guy's) lost to R. N. Wijekoon (R.M.A.) in the 1st round. Winstanley made the long trip for the pleasure of one and a half minutes of boxing. Unfortunately, he has not been able to train and this lack of fitness told its tale. Although he sparred stylishly, a hard left sent him to the canvas, and on going down a second time, and looking very dazed, the referee wisely stopped the bout.

H. Peebles (Guy's) lost to G. H. Eaton (R.M.A.) on points. This was an excellent contest and Peebles was undoubtedly the best loser of the evening. Somewhat cautious in the first round which his opponent won, Peebles took the second with some clever deliveries and had his opponent down for a count of 8 in the second round. The aggressiveness of Eaton in the final round probably impressed the judges to give him the decision of a very close and enjoyable contest.

A. H. Atkinson (Guy's) lost to C. Tyler (R.M.A.) on points. With a fine upright stance Atkinson was unable to land on the ducking and weaving Tyler and made the mistake of retreating instead of going forward. Both boxers were cautioned in the 2nd round for holding but in the 3rd, Atkinson found his opponent an easy target but surprisingly took a heavy punch for a count of 7. On rising Atkinson pursued his man and was piling up the points when the round ended. But for an over cautious first round Atkinson might well have been the winner.

D. Howard-Allen (Guy's) beat P. H. Donovan (R.M.A.) on points. Howard-Allen had no difficulty in keeping out of distance from his opponent's long swinging right hand deliveries, and boxing confidently had the contest well under control. Although somewhat hesitant in the first two rounds Howard-Allen delivered a terrific onslaught in the 3rd that had his opponent well and truly beaten.

P. Davis (Guy's) lost to J. A. Campbell (R.M.A.) in the 2nd round. Both boxers adopted a crouching style, with arms swinging wildly, but Campbell was able to land the more frequently with right hand blows delivered from a distance, It was one of these that put Davis down for a count of 9, and on rising was immediately caught with another right to end the bout. Davis, in his first contest for Guy's, put up a plucky display and should improve with more tuition.

J. G. Allardyce (Guy's) beat J. S. A. Douglas (R.M.A.) on points. Allardyce appeared puzzled at the start and surprisingly allowed Douglas to land with long right hand deliveries. When it came to an exchange of blows at close range Allardyce beat a tattoo on his opponent's body. Remaining in command Allardyce warmed up to his job and with solid rights and lefts, nicely timed and delivered correctly, drove his opponent around the ring to take the last round with ease, and to be winner by a good margin.

SQUASH RACKETS

The first team are now lying at second place in the Cumberland Cup, one point behind Paddington.

The first round of the Hospitals' Cup was very exciting, Guy's just managing to win 3–2.

The second team have had a most successful season so far, still remaining unbeaten. Brian Rich has not lost a match, J. Smallshaw and T. Tetlow giving excellent support.

Results—First Team.

v. Brentwood School. Won 4–1.
v. London Hospital. Won 3–2.
v. Putney. Won 4–1.

ROWING

United Hospitals' Regatta

The Junior eight met Westminster Hospital in the first round, and won through to the final by 3 lengths.

In the final, however, the crew lost to St. Bartholomew's Hospital by 1½ lengths in a very good race.

Crew : Bow, M. A. Young ; 2, R. E. Farmer ; 3, D. S. Smith ; 4, M. Boundy ; 5, B. A. Ross ; 6, E. P. Jackson ; 7, R. W. M. Smith ; Stroke, E. E. Arnold (Capt.) ; Cox, M. W. Cooksey.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL, S.E.1.

Applications are invited for the post of **Medical Registrar** (1st year) for the period 1st January to 30th September, 1954. Forms of application are obtainable from and should be lodged with the Superintendent's Office not later than **17th December, 1953.**

Applications are invited for the post of Registrar (1st year) to the **Department of Diagnostic Radiology** for the period 1st February to 30th September, 1954, in the first instance. Applicants must be the holders of a recognised Diploma in Radiology. Forms of application are obtainable from, and should be lodged with, the Superintendent, not later than **31st December, 1953.**

Applications are invited for the post of **Neurosurgical Registrar** (1st year) for the period 1st February to the 30th September, 1954, in the first instance. Forms of application are obtainable from and should be lodged with, the Superintendent, not later than **31st December, 1953.**

PERSONAL

Special rates for Guy's staff, students, nurses and subscribers to the Gazette : 1 *line* 2*s.* 6*d.*, 3 *lines* 6*s. Box Numbers* 6*d. extra.*

The ordinary rate is :—

1 *line* 6*s.*, 4 *lines* 20*s. Box Numbers* 9*d. extra.*

Required

DENTAL. Young Assistant with a view to partnership required in established practice—J. R. Dimock, Redlington's, Silver Street, Enfield. (Tel. Enfield 2527.)

For Sale

ELECTRIC TRAVELLING IRON. New £1, (Tel. Shackle Ham 7744.)

WILKS & BETTANY HISTORY OF GUY'S. Second Hand, £1. Box 20, c/o Gazette Office.

SLOW COMBUSTION STOVE (Courtier). Cream, £10. Box 21, c/o Gazette Office.

APPOINTMENTS

UNIVERSITY OF LONDON

The following have been nominated, appointed or reappointed as representatives of the University on the governing boards indicated in parentheses. Sir James Paterson Ross (Guy's Hospital Medical School) Professor J. Whillis (Royal Dental Hospital of London, School of Dental Surgery), Mr. E. G. Slesinger (St. George's Hospital Medical School).

SOCIETY OF APOTHECARIES OF LONDON

Livery

The following have been admitted to the Livery.

A. H. Douthwaite — L. R. Broster
T. S. Leedham — P. Ll. Blaxter

Freedom

S. H. Wass has been admitted to the freedom of the Society.

W. H. Smith, D.M.R.D., Appointed Consultant Radiologist to the Plymouth Clinical Area.

SISTERS AT GUY'S HOSPITAL

December, 1953

Administrative Sisters

Sister O'Toole	Assistant Matron
Sister Davis	Assistant Matron
Sister Carter	Office Sister
Sister Grimwood	Home Sister
Sister Cheetham	Assistant Home Sister
Sister Marvin	Nurses' Sick Room
Sister Barnard	Administrative Relief Sister (temporary)

Sister Tutors, School of Nursing

Sister Dorothy Holland
Sister Brysson Whyte
Sister Christine Youell
Sister Whileblood

Preliminary Training School

Sister Janet James
Sister Barbara Pegler
Sister J. Thomas

Night Sisters

Sister Cross	Night Superintendent
Sister J. Hill	Relief Night Sister
Sister Day	Surgical Night Sister
Sister Willis	Nuffield House

Departmental Sisters

Sister Goodman	Out-Patient Department
Sister Fray (temporary)	Surgery
Sister Ellick	2nd Sister O.P. Clinic
Sister Evans	Physiotherapy Department
Sister Randles	Radiography Department
Sister Thirlaway	Linen Stores
Sister Coombe, L.C.C. Staff	Salomon's Welfare Centre
Sister Blackman (Medical School)	Salomon's Welfare Centre
Sister Rusby	Radium Sister
Sister Phillips	1st Theatre Sister
Sister E. P. Johnson	Dental Department
Sister Skottowe	2nd Theatre Sister
Sister U. Thomas	3rd Theatre Sister

Ward Sisters

Medical Block		
Sister Wall	*William Gull*	M. & F. Medical
Sister Woodward	*Miriam & John*	M. Medical
Sister Tanner	*Diplock*	Children's Medical
Sister Cook	*Caleb*	Children's Surgical
Sister M. E. Smith	*Mary*	F. Medical
Sister B. White	*Bright*	F. Medical
Sister V. Cooper	*Wilks*	F. Medical
Sister P. James	*Addison*	M. Medical
Sister Osmond Smith	*Victoria*	
Sister Stevenson	,,	
Sister M. Law	,,	
Sister M. Y. Cox	,,	
Sister Turner	,,	appointment commencing Dec. 14th
Sister Stack	*Ruth*	Female
Sister Relihan	*Barnabas*	Eye Ward

Ward Sisters

Surgical Block		
Sister Hillier	*Patience and Samaritan*	M. & F. Surgical
Sister Falwasser	*Job*	M. Surgical
Sister Smythe	*Christopher*	M. Surgical
Sister Harland	*Luke*	M. Surgical
Sister Rix	*Lydia*	F. Surgical
Sister Russell	*Queen*	F. Surgical
Sister Lister	*Astley Cooper*	M. Surgical
Sister M. A. Johnson	*Sarah Swift*	Gynæcological
Sister Jarvis	*Dorcas*	F. Surgical

Guy's Nursing Staff at Orpington Hospital

Sister Habbeshaw	Assistant Matron
Sister Stockdale	Sister Tutor
Sister Dartnell	Home Sister
	Assistant Home Sister and Relief Sister
Sister Walker	*Elizabeth.* Female Medical and Sick Nurses
Sister Bennett	*George.* Male Surgical, Ear, Nose and Throat
Sister Curtis	*Auckland.* Female Surgical, Ear, Nose, Throat and Sick Children
Sister Stamp	*Fagge.* Female Orthopædic
Sister Killick	*Lister.* Male Orthopædic
Sister Reid	*Evelyn.* Female Orthopædic
Sister Davies	Old Theatre
Sister Calvert	New Theatre
Sister Puddefoot	Night Sister

Guy's Nursing Staff at Grove Park Hospital

Sister Asquith	Sister in charge

The Evelina Hospital for Sick Children

Sister Wetherall	Sister in charge
Sister Swindells	*Evelina & Charlotte.* Medical
Sister C. Lister	Sister Tutor
Sister Saunders	Night Sister
Sister Craig	*Rothschild,* Baby Unit
Sister Hastings	Theatres
Sister Crump	Surgical
Sister May	Out-Patient Department and Surgery

PASS LIST

UNIVERSITY OF LONDON

M.D. Part I

P. J. Koblenzer — H. R. C. Riches

Postgraduate Diploma in Psychological Medicine

October, 1953

G. F. Vaughan

CONJOINT BOARD

D.M.R.D.

W. B. D. Maile

ROYAL COLLEGE OF SURGEONS OF ENGLAND

L.D.S.

First Examination
November, 1953

Anatomy and Physiology

M. A. Gillon — J. G. Watling
D. D. Jones — R. E. Turner
J. A. A. Ranson — W. A. A. Renner
R. G. James

Special Anatomy and Physiology

M. A. Gillon — J. K. Wade
D. D. Jones — W. A. A. Renner
J. A. A. Ranson — R. G. James
R. E. Turner — S. E. Sorabjee
J. S. Van den Berg

ROYAL COLLEGE OF OBSTETRICIANS AND GYNÆCOLOGISTS

Diploma

R. D. Allen
J. A. C. Bamford
D. G. Bluett
R. W. Brotherwood
C. V. Bullen
B. W. Cole
P. F. A. Crawshaw
D. S. Foster
D. G. May
A. H. Mendoza
J. D. Morris
E. A. Murray
R. C. Smith

SOCIETY OF APOTHECARIES OF LONDON

Final Examination
November, 1953

Surgery

*W. P. N. Moore
*I. K. Nasr

Pathology, Bacteriology and Forensic Medicine

J. K. Anderson
C. D. Chilvers

Midwifery

V. C. J. Barker

*Have completed the examination.

SCHOOL OF NURSING

The following Nurses have passed the Final State Examination held in October, 1953 :—

Adams, J. M.
Anderson, S. J. E.
Baker, P. M.
Batchelor, M. G.
Bell, M.
Bisset, I. N.
Botting, P. J.
Boys, F. J.
Butler, R. A.
Clark, F. M.
Colborn, B. J.
Cooke, J. R.
Costello, D. A. de L.
Davis, J. A. A.
Davis, L. J. K.
Deal, D. M.
Downer, M. P.
Duffy, P. R.
Edwards, A. P.
Evans, G. M.
Evans, G. S.
Ford, P. D.
Greene, P. F. S.
Greenslade, R. A. V.
Hartnell, M. J.
Hazard, M. L.
Hern, J. F.
Holding, R. J.
Housden, S.
Hunt, D. E.
Hunt, M. F.
Ingram, B. A.
Jackson, M. E. E. D.
Jellis, A. J.
Jennings, A. J.
Jowett, P.
Judge, C. V.
Knight, M. M.
Lawrence, M. J.
Low, G. A.
McCarthy, B. T. F.
McKinley, D. M.
Malet, E. M. A.
Marshall, P. J.
Milford, B. M. E.
Miller, B. M.
Owens, M. M.
Radford, M. G.
Rogers, C. A.
Screech, M. E.
Scrimshaw, S.
Shaw, J. A.
Shimell, R. A. A.
Simmons, J. F.
Sivier, E. R.
Smart, S. M.
Smith, H.
Smither, A. J.
Tindal, F. M. M.
Walker, M. C.
Waters, G. M.
Whelan, P. D.
Whitworth, B. E.
Williams, M. A.
Willson, P. M.
Woodger, J. H.

GUY'S HOSPITAL REPORTS

Contents : 1953. Volume 102. Number 4

Vertue, H. St. H. An Enquiry into Venereal Disease in Greece and Rome. pp. 227–302.

Brunsdon, D. F. V., Enticknap, J. B. and Milstein, B. B. A Case of Subacute Bacterial Endocarditis due to *Pseudomonas Pyocyanea* complicating Valvotomy for advanced Mitral Stenosis. pp. 303–312.

Gazet, J–C. Porphyria Cutanea Tarda. pp. 313–326.

Campbell, Maurice and Cardell, B. S. A Case of Eisenmenger's Complex with Coarctation of the Aorta. pp. 327–336.

Campbell, Maurice and Jackson, J. W. An Unusual Case of Cor Biloculare with Bilateral Superior Venæ Cavæ. pp. 337–349.

Joiner, C. L. and Kauntze, R. The Time of Occurrence of Coronary Occlusion. pp. 350–354.

Houston, J. C. and Thompson, R. H. S. Serum Iron Estimations in the Diagnosis of Hæmochromatosis. pp. 355–359.

Hamilton, J. G. Massive Epistaxis following Closed Head Injury. pp. 360–367.

Sonnenfeld, E. D. and Medill, E. V. A Metastatic deposit from Carcinoma of the Bronchus at the Site of a Previous Gun-shot Wound. pp. 368–370.

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

Barber, H. W. What is Truth ? *Tr. St. John's Hosp. Derm. Soc.*, 1953, 32 (October), 5.

Blackburn, Guy and Large, Paul. Pancreatitis, Acute and Relapsing. *Practitioner*, 1953, **171**, 641.

Dowling, G. B. and others. Cortisone and ACTH in Dermatology. *Tr. St. John's Hosp. Derm. Soc.*, 1953, No. 32 (October), 16.

Hayton-Williams, D. S. Solitary Neurofibroma of the Palate. *Brit. dent. J.*, 1953, **95**, 275.

Hooper, J. M. D., Oppé, T. E. and another. The Effect of Inhalation of Carbon Dioxide in Air on the Respiration of the Full-Term and Premature Infant. *J. Physiol.*, 1953, **122**, 264.

Luder, J. and others. Physical Methods in the Treatment of Arthritis in Childhood. *Brit. J. phys. Med.*, 1952, **15**, 275.

Moynahan, E. J. Collagen. *Tr. St. John's Hosp. Derm. Soc.*, 1953, No. 32 (October), 1.

Parfitt, G. J. and another. Local Effects of Certain Medicaments on the Teeth. *Brit. med. J.*, 1953, ii, 1252.

Wheatley, D. P. A Case of Reiter's Syndrome Treated with Chloramphenicol. *Brit. J. ven. Dis.*, 1953, **29**, 162.

CHANGES OF ADDRESS

Eric Davies, M.B., B.S., F.R.C.S., 7, Middleton Mansions, Calcutta, 16 (Cons.). 7, Minto Park, Calcutta 27. (Res.).

W. H. Smith, M.B., B.S., D.M.R.D., "Tanglin," Meavy Lane, Yelverton, S. Devon.

S. M. Vine, M.A., M.B., B.Chir., M.R.C.P., 60, The Upper Drive, Hove 4, Sussex. (Tel. Brighton 58977.)

BIRTHS

ANDERSON.—On 1st December, 1953, at Nuffield House to Pamela (née Chitty, S.R.N.), wife of Kevin Anderson, M.D., a daughter (Katherine Lesley), a sister for Maureen.

KUSTOW.—On 13th November, 1953, at Nuffield House, Guy's Hospital, to Ann, wife of Bernard Kustow, M.B., B.S., a daughter (Miriam).

LUDER.—On 23rd November, 1953, at Guy's Hospital to Shirley, wife of Joseph Luder, M.D., M.R.C.P., a son (Anthony Steven).

TALBOT.—On 19th November, 1953, at Guy's Hospital to Margaret (née Hooper), wife of C. H. Talbot, F.R.C.S., a daughter (Mary Elizabeth).

MARRIAGES

ASHBY—FOOT.—On 5th December, 1953, at All Saints Church, Goodmayes, Malcolm Ashby, L.D.S.R.C.S. to Lorna Ellen Foot, S.R.N., S.C.M.

BAKER—STUART.—On 5th December, 1953, at Church of All Souls, Ascot, Geoffrey A. E. Baker, M.B., B.S., to Margaret A. E. Stuart, M.R.C.S., L.R.C.P.

DEATH

BIRKS.—On 2nd October, 1953, at The Bracken, Beech Alton, Hants., Alan Herrenden Birks, B.A., M.B., B.Ch., formerly of Woodbridge, Suffolk.

EDS. { E.E.D.T. P.S.B.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

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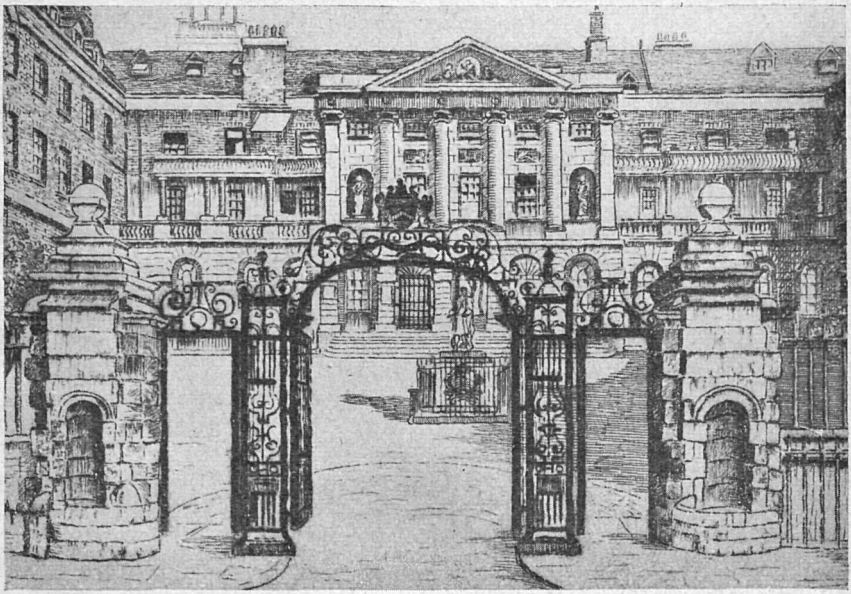
PASSIM



CHRISTMAS 1953—1954 NEW YEAR GREETINGS

Those of you who seem farthest removed from us at Guy's, whether it be in a matter of miles, or because of the span of years, are uppermost in our thoughts to-day. The *Gazette* sends you greetings. During the last, vigorous, week of the old year which begins on Christmas Day, there will be many of you who may, perhaps almost involuntarily, recall a scene, an incident, some nearly forgotten personality, whereupon "I remember . . ." will be on your lips in a trice. You will re-live (it may be "with advantages") the days you spent in the same setting which we, its temporary guardians, call our own. It is yours too.

Passim is, by its very nature, a rather personal, on-the-spot, parochial (if you like) affair. But our parish extends to every Guy's man and woman wherever he, or she, may be. One of you, reading these words, will be the very personality we should be proud to claim as "our most distant reader" did we but know where you are. Another will be, "our oldest Guy's man"; yet another, "the most senior nursing subscriber on our list." The remarkable, and perhaps

consoling thought accompanying such speculations is that, in all probability, you are as much unaware as we are of the distinction which chance has bestowed on you as you read this page to-day. For many of us there is no ground for such claims : but we are members of a community which shall meet—if it gathers nowhere else—in these pages of the last *Passim* in the last week of the old year.

. . . . and now these aging walls once more
Deck themselves gaily, for the year stands still
Silent, observant of the show we make
To speed his final week in the broad lap of Time.

On Wednesday, December 14th, Sir John Conybeare, having reached the official age-limit of 65, became Consulting Physician Emeritus. Retirement, in its strict sense, does not, of course, enter into the picture, for, as we pointed out in *Passim* a few weeks ago, the present regulations of the National Health Service require such a change to be made at such a time.

Cony, as he is everywhere affectionately known, is very much part of Guy's Hospital. As the author of our Appreciation of him points out, he is an active member of the Governing Body, while his familiar house in St. Thomas's Street (we have scarcely ever seen its door closed) remains, as before, his headquarters in London.

From the Nursing Staff too comes a tribute which it gives us great pleasure to print. These expressions of affection mark but a further stage in a distinguished career. We do not say good-bye to our senior staff : we congratulate them on their new appointments.

When we printed in our last issue the list of Sisters serving at Guy's Hospital a number of names was, by a most regrettable error, omitted. We hasten to publish these names at once (they are found on page 514A) with sincere apologies to all those concerned. As one such Sister said to us the other day on hearing that the missing names would appear immediately, " It is nice to know that we are all alive again !"

GUY'S DIARY

DECEMBER			Exhibition. Department of Surgery. *Some Aspects of Diseases of the Hip.*
28th	M		Rugby 1st XV v. Northampton (Northampton).
31st	Th	1.00.	Mr. S. H. Wass. Clinical Lecture. *Secondary Deposits in the Liver.*
			X-ray Meeting. Gordon Museum.
JANUARY			Exhibition. Department of Surgery. *Post-Operative Chest Complications.*
1st	F	1.00.	Dr. W. N. Mann. Clinical Lecture. *Ulcerative Colitis.*
2nd	S		Rugby 1st XV v. Old Merchant Taylors (H.O.P.).
4th	M	1.00.	Mr. G. F. Gibberd. Clinical Lecture. *The Rhesus Factor in Practical Midwifery.*
7th	Th	1.00.	Dr. Christopher Hardwick. Clinical Lecture. *Insulin.*
		5.00.	X-ray Meeting. Gordon Museum.
9th	S	10.00.	Mr. J. P. Hosford (St. Bartholomew's Hospital). Departmental Round. Clinical Theatre.
			Rugby 1st XV v. Metropolitan Police (H.O.P.).
11th	M	1.00.	Mr. V. E. Lloyd. Clinical Lecture. *Congenital Syphilis.*

OBITUARY

RICHARD VAUGHAN PAYNE, M.Chir., F.R.C.S.

The death of Richard Vaughan Payne on December 10th, 1953, at the young age of 45 deprives Windsor of a brilliant and much beloved surgeon.

Vaughan Payne was the son of Dr. O. Vaughan Payne of Alton, Hampshire, who was himself a Guy's man and who did house appointments and married a Guy's sister. Dick therefore could be considered in every sense a Guy's man. He was educated at Sherborne and St. John's College, Cambridge, and from there went to Guy's where he qualified by taking the M.R.C.S., L.R.C.P. in 1932. He did house appointments being A.H.S. to the late Mr. Bromley and was Mr. Philip Turner's last H.S. The remaining few weeks of this house appointment were served with Mr. Slesinger. He was also R.O. The M.A. and M.B., B.Chir. were passed in 1934 and he became demonstrator of both anatomy and physiology. He obtained the F.R.C.S. in 1935 and the M.Chir., Cambridge, a year later.

Vaughan Payne came to Windsor in 1936 when he was elected an Assistant Surgeon to King Edward VII Hospital. In 1939 he went up to the Senior Staff. Shortly after coming to Windsor he was made surgeon to the smaller hospitals at Maidenhead, Staines, Iver, Egham, and Windlesham.

In addition to his hospital work he built up a large private surgical practice and was a general surgeon in every sense of the word. He took a particular interest in genito-urinary work.

During the War his services could not be spared from the Windsor Area, but as soon as he could be joined the R.A.F.V.R. and rapidly became a Wing Commander. He was sent to India and became Advisor to Air Headquarters there.

With the coming of the National Health Service and the taking over of the Canadian War Memorial Hospital at Taplow he was elected Surgeon to that hospital. His work was of such high quality that he was very much in demand and he had few spare moments but nevertheless he willingly gave of his time and experience to the various committees of the Windsor Group of Hospitals.

He was a past president of the Windsor and District Medical Society ; he was also a Fellow of the Association of Surgeons of Great Britain and Ireland and gained a great deal of pleasure from attending their meetings in the various academic centres at which they are held.

Vaughan Payne liked the personal touch and did his best to embody the soul of the old voluntary system in the modern Health Service. He was fond of sport and was exceptionally accurate, being equally good with the gun or the rod. He was indeed a true lover of nature and would quickly note all the variations that take place with the changes in season.

Dick will be missed by a very wide circle of friends and those in close contact with him during his last illness found his courage and cheerfulness quite amazing. The sympathy of all goes out to his brave young widow and their three children.

J.G.J.

10 Minute Christmas Quiz

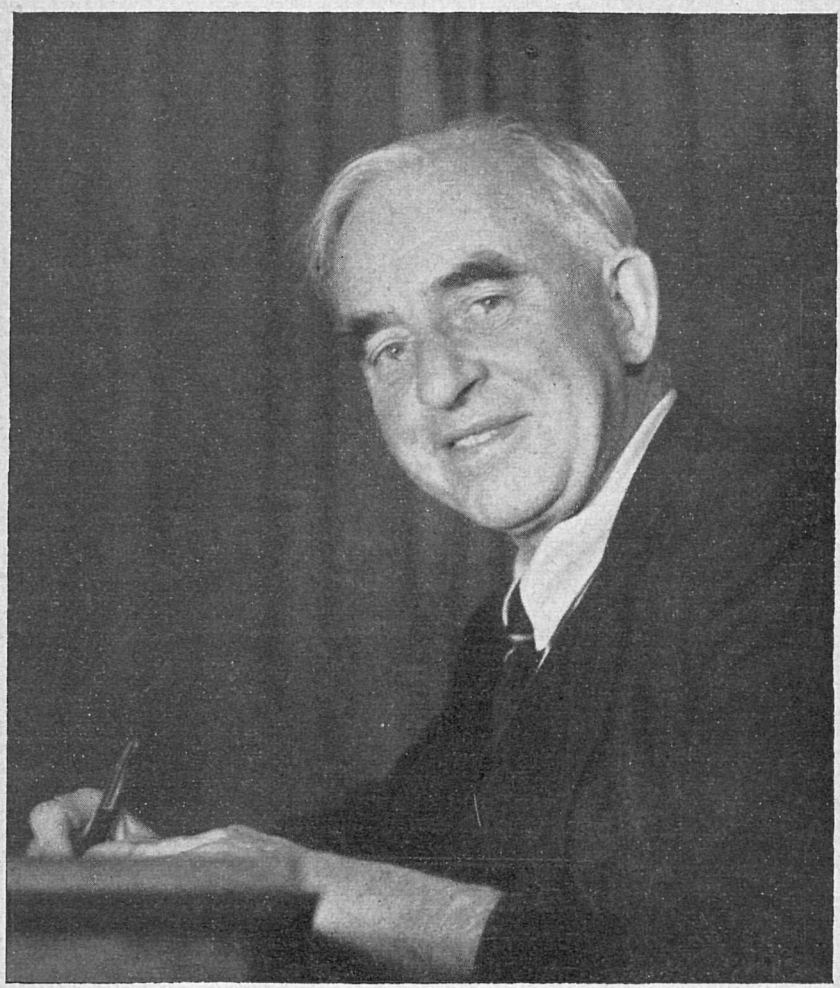
(To be answered after a heavy dinner)

1. Who are the Presidents of the Royal Colleges of Physicians and Surgeons ?
2. Why is Front Surgery so called ?
3. What is the capital of Ecuador ?
4. In whose house did Alice become impacted ?
5. 6th nerve palsy + deafness—Whose syndrome ?
6. Fracture of Upper Third of Ulna with dislocation of head of Radius. Whose ?
7. Professor of Surgery at St. Bartholomew's Hospital ?
8. Northernmost and Westernmost points of British mainland ?
9. Anne Hathaway lived there ?
10. What were Cornelius and Lazarus at Guy's ?
11. Who is President of the G.M.C. ?
12. Who is the author of " Murder in the Cathedral " ?
13. How many symphonies has Sibelius published ?
14. What member of Guy's staff is a Fellow of the Royal Society ?
15. What are the smallest counties in England and Scotland (and their county towns) ?

(Answers will be found on page 514)

SIR JOHN CONYBEARE

AN APPRECIATION



FROM the middle of this month Sir John Conybeare becomes Consulting Physician Emeritus after serving the hospital for 29 years on the staff. But we still look forward to seeing him often in the Hospital, not only in a consultant capacity but also as a Governor of the Hospital, and as a local resident.

The *Gazette* has sometimes lamented that the present members of the staff have less colourful personalities than those of the past. As shown by his frequent appearances in Residents' Plays, this hardly applies to our present Senior Physician, who is always capable of expressing his opinions directly and forcibly in simple language. Some aspects of his character are well shown in the portrait by Mr. Neville Lewis that hangs in the Superintendent's House.

On such an occasion a near contemporary inevitably thinks more of early days than of recent times, which are already familiar to most Guy's men. The present writer got to know Sir John when he came up to New College, Oxford. Josias, as he was then called, was already a somewhat legendary figure. He had been at New College longer than any one else, having finished part of his classical course with distinction before turning to medicine, and we wondered if later he would not turn to something else so that he might remain a perpetual undergraduate. At that time it was not common for students to have cars, but he was a keen driver and owner and a trip to London with Josias was much sought after.

He was an enthusiastic officer in the Territorial Army and the 1914–18 war interrupted his medical course to take him to France with the Oxford and Bucks Light Infantry, where he served with distinction, becoming a major and winning the Military Cross. Later, medical students were urged to complete their studies and he returned to Guy's and became editor of the *Gazette* and qualified in 1917.

After some years as medical registrar he was appointed Assistant Physician to the Hospital in 1924, having been made Warden of the College the year before. At first the present writer and McNair lived with Cony, as he had now become, in the Warden's House where he was a popular, if somewhat autocratic, warden for fourteen years.

But it was not only as Warden that he got to know many generations of Guy's men, for an interest in people has been his outstanding characteristic. Very few at Guy's know so many of their ex-students so well and he has always been anxious to help them in every way. There must be many who feel a debt of gratitude for some help quietly and tactfully given.

Apart from his routine teaching and care of patients, Conybeare will be best remembered outside Guy's and the R.A.F. for his text-book, which was published in 1929 and is now in its 10th edition. Only those who have done similar work know the immense labour involved in this, and its success has deen due to the qualities that have distinguished his work and teaching—an emphasis on the simple important facts, whether in physical signs or in treatment, rather than a specialized interest in some more obscure branch ; and these qualities have made his teaching of great value to students. Well known in the insurance medical world, he was President of the Assurance Medical Society in 1937.

Brought up in radical circles, he has always been a rebel against authority, and on the side of the under-dog. Students and house officers can hardly realize the number of occasions on which he has fought his colleagues or the governors to maintain some right that he thought of value to them, and he has often been successful.

His work in the more recent war when he was consultant in medicine for the R.A.F. and finished as an Air Vice-Marshal with a knighthood, is too recent to need comment. He was appointed a Governor of the Hospital in 1946 and was one of the first members of the staff to receive this honour before his retirement. We offer Sir John our best wishes for the future and hope we shall see him often.

J.M.H.C.

(*A tribute from the Nursing Staff is printed overleaf*)

SIR JOHN CONYBEARE

[A tribute from the Nursing Staff

The Nursing Staff at Guy's would like to pay a tribute to Sir John Conybeare on his retirement. Past and present senior sisters, and his ward sisters particularly, realise the special and very active interest he has taken in the nurses' health and work. For many years he was Physician to the Nursing Staff and gave his advice and care unstintingly and without compromise. He was one of the pioneers in recommending a student health service (including the nurses) as now adopted by the Nurses' Health Service.

Ward sisters will speak for his brusque forthright manner—quite alarming at times—but they also remember his good manners and that he never failed to greet his ward sister or staff nurse with "good morning" as he entered the ward. Also, they learnt not to be surprised by his many kind and thoughtful actions, often quite unexpected. His ward sisters too will ascribe to Sir John some measure of credit for the high standard of nursing at Guy's. No detail was missed by his eagle eye—charts must be quite perfectly kept for him, reports and X-rays available. He entered into every detail; the type of bedpan used by the patient, the use of the commode chair. He introduced many new ideas into a ward routine which, as we know, can become too rigid. A sister and her staff nurse knew they had to be "on their toes" for Sir John, but they also knew that their efforts were noticed and appreciated.

He was intensely interested in the patients and their welfare, and no item, however mundane, was ever beneath his notice—to him their comfort came before all else, and his practical suggestions were a great help to the ward sisters.

He was deeply concerned about each individual patient, they loved and respected him; their faith in his power and skill was touching and his compassion for the gravely ill and the incurable a thing never to be forgotten.

He hated sloth and inefficiency and for this his righteous indignation could be raised; but for the earnest and the painstaking he had a measure of praise.

Nothing in the ward was considered too small for his concern, even to the number and quality of the hooks upon which the nurses' capes should hang; but this very interest in small things made each inmate feel Sir John Conybeare's eternal vigilance regarding the efficient running of the hospital.

There are sisters now living on retirement pensions who remember, in the year before the take-over by the National Health Service, how Sir John visited them and asked many pertinent questions, the answers to which he entered in his note book. Those sisters know that it was largely due to his efforts that they got a square deal when they might easily have "fallen between two stools."

Finally, it could not fail to gratify Sir John to know how many Guy's nurses, past and present, depend upon "Conybeare" as their reliable textbook of medicine.

SKÅL TO CRIME

Notes on a visit to Scandinavia in 1953

By KEITH SIMPSON

SCANDINAVIA'S not the place for a quiet fortnight's relaxation if you count Danes, Swedes or Norwegians among your friends, for they are traditional hosts practised in the arts of ' velkommen til bords '—especially perhaps the courteous Dane who actually appears to like the English, or contrives to conceal his *arrières pensées* beneath a delightful courtesy. I do not forget my first visit to Copenhagen, newly MD, an earnest young pathologist from Guy's determined to get to grips with the problem of ' influenzal gastritis ' under Vimtrup at Bispepjerg : Arthur Hurst had given me an introduction to Meulengracht, then at the height of his fame, and I'd not been with him an hour before he was diverting my thirst for knowledge into different fields at Tivoli. In an hour I was a malleable young man, clay in the hands of a skilled host : I never completed the job—but I had a wonderful month trying to.

This time it was going to be different. I was older, more soberly determined to probe Scandinavian technique in scientific crime control, less likely to be diverted by artless hospitality or flattery—I knew what I wanted and I had an M.I.5-like dossier on the people who must be seen. Of course, I might have to lunch or dine occasionally to clinch some useful contact, but the programme was far too tight to dally at Tivoli or lie in the sun at Klampenborg.

Alas, I forgot the contacts I'd made at Guy's and in the Yard labs., by correspondence or on travel : there they were at the airport, in the foyer, on the square, in the bar (just a hide-out, of course, this), their faces lit with welcoming smiles their pockets bulging with plans for ' seeing things ', dates for lunch, meeting A and B, seeing C's new electronic pilsnerometer, watching D do an analysis of *geitost* cheese, sampling the Swedish smorgasbord or shaking the mummified hand of the 2,000 years old Tollund man recently excavated from the Jutland peat bogs. I was lost—and once again I had a wonderful time—Harald Gormsen, Jensen, Inge Jespersen, Arne Hanson, Svensson, Nils Landin, Lundquist, Andresen, Schourup, Karl Frykholm, Jonsson, Gosta Gustafson—a line of names that leave no doubt that one is in Scandinavia, and, undoubtedly also, in for a forensic feast.

THE ART OF SKÅL

Before embarking on a tour of Scandinavian countries it is essential that you should have some elementary training in the art of skål. Skål is a brand of greeting like ' here's how ', ' a votre santé ' or ' Wotdyerknowjo '. It is practised with a particular brand of firewater called aquavit or schnapps, a 43% cross between vodka and a high octane fuel, and it's designed for men with hair on their chests as a preliminary assault on the palate, an aperitif plus. You take the glass in the right hand, look the party squarely in the eye and (it's the last thing you'll say for some time) cry ' Skål ', throwing it to the back of the throat. Hell breaks loose ; you clutch your throat, gasping for breath, for obviously someone has put aquaregia not aquavit in your glass. Blue in the face, you wipe back the tears that well into your eyes and reach weakly for the cool pilsner that provides the ' chaser '. Your friends are not worried; in 24 hours you'll be tossing schnapps over like a Muscovite —a short prelude to the gargantuan smørbrød or, better even, the smorgasbord with which you can recoup the calories you burned up at conference—Baltic herring, liver paté, smoked eel, pork and a cold potato, reindeer, lobster, salads, rye bread, Chantilly cheese. At the famous Oskar Davidsen's, HQ of the underground ' outside contact ' during the war, the sandwich list looks like a parchment from the Chaucer era—it unwinds to offer you no less than 172 varieties of smørbrød. Do not sample more than 6 or 8 of these or you'll retire hurt for the day—No. 52, for instance, ' Hans Christian Andersen special ', is a complete meal for the gourmet in itself.

STATE LEGAL MEDICINE

Enough : to work. I had flown so as to waste no hours and at the crack of dawn next day—well, around 9 a.m., I bowled smartly out of the Palace Hotel to get to grips. Now here a second warning is necessary. In Copenhagen in particular, 900,000 enthusiasts own bicycles, and at 9 a.m. all 900,000 are milling their way around Raadhusplads at a pace that would kill mortals not born in the saddle. Equipped with invisible radar they're safe so long as blundering English

scientists don't step out of their hotels to indulge in pedestrian habits. You'd best have another coffee on the balcony, observe tactics and then call a taxi.

All three Scandinavian countries have taken strides in the scientific aspects of legal medicine which have kept them to the fore in European practice. Copenhagen has, in its Retzmedicinske Institut—under Knud Sand and Harald Gormsen, and Stockholm, in its Statens Kriminaltekniska Anstalt under von Sydow (who has just succeeded the famous Soderman) and Landin, two close parallels to Scotland Yard. The advantage of the Danish Institute is the University status it is accorded. Similar centres at Lund, Goteborg and Oslo complete the framework of laboratory crime control : all are well equipped—that in Stockholm is on a par with the Yard, and all are well staffed, with good police liaison. State appointed forensic pathologists and scientists carry out duties rather like those of the American Medical Examiner, seeing the scene of discovery of the body and deciding on the necessity for P.M. and ancillary laboratory science. Law officers like the D.As. or the Scottish Sheriffs decide on prosecutions. Crime is not common, for the Scandinavian is a law-abiding chap, not given to brandishing a knife or pulling a gun. He works hard and relaxes with determination, cycling far into the country to swim or sail, sun-bathe, drink and make love. Industrial or street accidents, drowning, inebriety and love-risks—paternity blood work in particular—form a fair part of the practice of legal medicine. Like the rest of the world, the Scandinavian loses heart sometimes and the suicide rate is not unlike that in the rest of the world.

But what courtesy ! Rare as murder is—each country seeing only 5 or 6 a year—Copenhagen had one ' on ' the day I arrived, a man released after 8 years in jail for murder (they don't execute in Scandinavia) had in the first week of freedom raped, strangled and cut the throat of a girl in her teens. *Quel dommage ;* but it's a risk that must be taken with release from ' life sentences '.

The expert whose advice and help is sought is happily spared the hours of Court procedure demanded of them in England or America. He is a trusted scientist whose lack of partisanship is accepted : his report is sent to Court and agreed—with rare exceptions : it has the authority of a State Medico-legal Council.

The Courts correspond roughly with those elsewhere in the world. A lower (police) court—the Underret in Denmark—permits 1 judge to hear all petty charges and gives him 2 lay assistants for civil claims up to 1,000 kroner (about £500). More substantial claims or indictments for crime requiring a jury go to the Superior Court (Landsret)—and there is a Supreme Court (Hoejesteret) for Appeal, held by a President and 12 judges, above this. (The Magistrat isn't, as you might think, the Magistrates' hurly-burly of every day crime but the executive of the City Council, solid with burgomasters and aldermen.) Any claim to hear a doctor or scientist and to cross-examine him, (an unlikely event) is more likely to meet with astonishment than an adjournment. After all, if a doctor has earned the respect and trust of the State, his blood alcohol test or his autopsy findings should be above dispute. The State has given him special training and experience and expects the law to trust him—and, I must say, I saw nothing to cause any misgiving over this. The Scandinavians have a strong sense of what is good for the community, strong moral urges and the will to give them effect. A girl who can show one, two or even more men to have had access during the significant period can (if their blood groups are suitable) enforce full payment from one or each of them on a paternity claim : the Court will see that it is the State rather than some trollop who benefits by any excess income.

No expense is too great to ensure scientific accuracy. For instance, in the use of blood groups for paternity Scandinavia has far exceeded the experience of any other nation in the world. P. H. Andresen, a world figure in blood group determination had, as Head of the University Serological Department at the Institute of Legal Medicine in Copenhagen, published mother/child tests reaching 20,000 (out of the world's 35,800) heredity test figures. Jonsson at Karolinska in Stockholm, a genial pipe-smoking lab. expert of the older school, is doing 6–7,000 tests p.a. on some 1,500 bloods. This kind of experience *is* authority, and when Andresen says he has faith in the isolated MN test in a paternity issue—*providing care is taken not to overlook the weak N2 child of the MN mother* (a 1 in 10,000 chance) you realize you are listening to a master in his field. Incidentally, Andresen proved also to be a master of the art of ' dinner at the flat '—a most delightful evening at which I met the very distinguished Borum, University of Copenhagen Professor of Law, a man of great scholarship and humility, a little like our own Ryle in both appearance and charm of manners—and another Brummel-like figure,

a Danish Crown Counsel who devoted himself to the ladies and the dance, a character with whom I failed to exchange a word, even with the scheming assistance of my wife. La danse c'est la vie : short of partnership in a samba I saw no chance of getting the anchors on him. I retired *flambé*, after failing to engage counsel—an unusual reverse. Professor Borum, like the New World jurist, has a profound admiration for the solidarity and wisdom of English law, for the unhurried sanity of our court procedure, and the plainly unimpeachable integrity of our bench.

CRIMES

Scandinavia's 'crimes' are scarcely more than week-end diversions : one has a feeling that the Viking must have been a pretty amiable enemy, intent on an equivocal exchange of views. Alcohol (not drugs), a little sex, paternity claims, abortion and, if all else fails, suicide, form the bulk of all three countries' annual turnover of crimes against the person. So little every-day violence is seen that fiction has a strong following : the Sherlock Holmes Society has a big membership all over Scandinavia. Did you know that Copenhagen has its own Baker Street (Bagerstrade), Storm Pedersen reviving strong interest in Conan Doyle's masterly vignettes of crime ?

The general turnover of forensic material may be judged by Copenhagen's 1951 figures of the dead from violence :—

Dodsfald ved ulykkestilfaelde, forgiftninger og vold i Kobenhavn, fordelt efter arsag : (we shall absorb some local colour, n'est ce pas ?)

	M	F	Ialt
Motor vehicles	53	11	64
Other traffic deaths	41	7	48
Poisonings (*incl. gas* 46)	33	28	61
Falls	43	64	107
Machinery	1	–	1
Fire or explosions	2	–	2
Scalds	3	–	3
Firearms	14	–	14
Drowning	9	–	9
Other accidents	19	6	–
**SUICIDES*	194	122	316
HOMICIDES (*including infanticides*)	8	9	17

* of which coal-gas (170), sleeping drugs (50), hanging (49), precipitation (20), drowning (12) and firearms (5) form the bulk—as in other countries.

These more medico-legal are the deaths the State, with the help of its special forensic pathologists, must enquire into—privately. Harald Gormsen, acting Head of the Retsmedicinske (University Medico-legal) Institut, is an ideal State forensic expert—nurtured on academic pathology and turning to forensic medicine at the hands of the famous Knud Sand by virtue of his personal qualities, strong practical grasp of scientific crime needs and evident integrity as a witness. His laboratory 'crime' figures for Copenhagen's one million reflect the common weal of Denmark, an average year yielding :

Legal pathologist examinations and certificate at the scene	1200
Medico-legal post mortems	400
Sex injuries	300
Clothing, stains, hairs fibres, etc.	1500
Blood grouping tests (*largely paternity*)	1800
Blood alcohol tests	3800
Toxicological analyses	200

About 9% of the total deaths (around 38,000 p.a.) and some 17% of those with any medico-legal flavour (all crimes, of course) are subject to autopsy. Wisely, all infant deaths during the first year are so examined, for they have both obstetric and forensic interests.

Gormsen and his charming wife proved delightful hosts 'away from it all'—at Nimb's, down by the Hans Andersen mermaid on Langelinie, along the sunny shores of Zealand, on the ramparts of Hamlet's Elsinore (Kronborg) or in their pleasant flat in warm-hearted København : crime seemed far away indeed.

The success of the would-be suicide depends very largely on the method. Of 816 attempted suicides in 1952, a quarter were by sleeping drugs—more by the older veronal, luminal and allyl barbiturates than we now see in England (where seconal, amytal have come so much to the fore). The rationale for treatment

adopted in Bispepjerg has reduced the mortality from 20% to about 2%. The stomach is not washed out (avoiding thereby the dangers of soiling the bronchial tree), the case being treated like an anæsthetic overdose by oxygen, controlled ventilation, bronchial suction, fluids and chemotherapy—for a week or 10 days if necessary. The residual stigmata of narcotic poisoning depend more upon sustained suboxia than narcosis as such, and with a social psychiatric follow up recurrences are also under some control.

ALCOHOL

The problem of alcohol is always worth intimate study both at bench and bar. You have seen already how that fire-water Schnapps can sap one's sober determination to devote oneself to study : a 43% spirit chased with Carlsberg or Tuborg at 4·5%—or even Sweden's quieter 2·8% beer is a powerful force, and the authorities have devised tough law to meet the danger of taking the party spirit on to the streets. The toughest situation exists in Norway where a figure of a mere 50 mg.% (with 15% allowance for error) in the blood means a penalty. In Sweden (the home of Widmark) 80 mg. is the agate edge, and 150 means prison for up to 3 months (without the option). Denmark hits a happy medium of ' about 100 mg.% in practice.'

These are lenient figures when you remember that Bjerver and Goldberg showed that only some 40 mg.% was necessary to cause a recognisable deterioration in drinking skill (irrespective of one being ' used to drink '). ' Equilibrium ' or a uniform distribution in the tissues is reached in about 1½ hours, when a 3/blood—4/urine ratio exists. Staggering out of Tivoli's *Nimb* Restaurant to cool off in the square, or reeling home from *den Gylden Fredene*, Stockholm's mediaeval restaurant deep in the cellars of the old town with an estimated alcohol of some 120–130 mg. makes one realize the innate reasonableness of a prison sentence for figure like a 150 mg. at the wheel of a lethal machine on the streets. There is no such thing as consent for blood alcohol tests : it is law, like the paternity blood specimen—but don't get them mixed. Every police station in Stockholm has blood-tubes and clinical-findings forms at the ready for the ' police surgeon ' to use without delay when called to see a sufferer from maladie d'alcool.

Of course, there are also the local brews, the vins du pays—a cheaper but little less powerful Danish beer called Skibsol (popularly called ships-oil) for the sailors to wash down the spirits, Swedish punsch for the intelligensia, and a brew distilled privately called ' *hembrant* ' (home-brewed), guaranteed to see you safely into the hands of the *bed mund*, the undertaker. Sweden, in particular, devotes herself to private distillery, as in the *poteen* districts of Eire or the rye zones of the States. I saw, in the Statens Kriminaltekniska Anstalt—Stockholm's ' Yard '—a veritable museum of devices for illegal distilling, including one Primus-heated slop basin (flask) with enamel bowl (condenser) set innocently over it. " *Helan gaar* !" (down the hatch) must be a popular cry in the pinewoods.

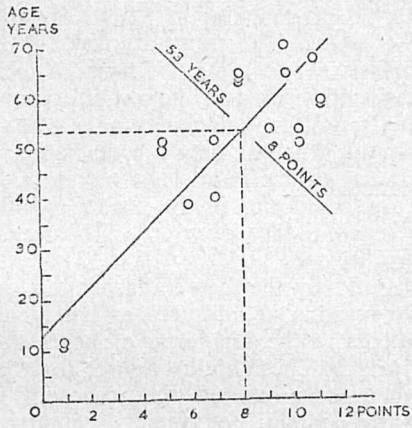
One of the outstanding contributors to this crime museum is a remarkable Swedish police figure Overkonstapel Otto Wendel—' Sweden's Sherlock Holmes ' I found him labelled by the popular press ; a man who had the reputation of leaving no clue unturned at the scene of a crime—' The Human Vacuum Cleaner '. This Overkonstapel of Police and Arne Svensson, the firearms expert are co-authors of a first-class ' Handbok I Brottsplatsundersokning '. The title attracts you ? It had the same attraction for the ' *Evening Standard* ' which (I need hardly say erroneously, in view of my void in Swedish) reported that I was translating it into English.

Svensson and Arne Hansen, well-known toxicologist, proved delightful social as well as technical hosts : a disabling lunch at the famous *Djurgardsbrunns Wardshus* inn outside Stockholm being cautiously planned by these two technical experts to be followed by a jogging return ride in one of the *Wardshus*' famous droskies—a delightful cooler through sunlet woods back to the city, during which the schnapps and hock dissemble themselves into the tissues to reach an amiable equilibrium, and the cerebral cortex begins once more to enjoy the circulation it needs for statistics and newer techniques. In the winter you do the same journey by sleigh, wrapped in astrakhan.

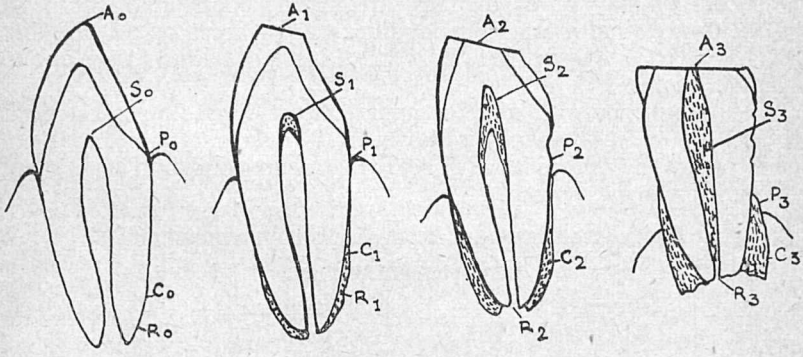
PROGRESS IN IDENTIFICATION DATA

Scandinavia has yet another recent claim to merit a high place in the world's centres of forensic interest. Two Swedes, Gosta Gustafsen of Malmo and Karl Frykholm of Stockholm and a distinguished Dane whom Guy's sees quite often, Pedersen—all three academic dentists—have interested themselves in the teeth

of decomposed, drowned or otherwise unidentifiable bodies as a guide to aging the subject. Gustafsen, in particular, has achieved such success with a 'point system' based on the degrees of erosion, secondary dentine, root canal closure and periodontosis (see diagram) that he can obtain a near 5-year accuracy. How easy, indeed obvious, these *éclats* in the scientific world seem when someone with an eye to the gaps in knowledge—and a clarity of vision to design a useful research on the subject—sets his mind to a problem.



A DIAGRAM AND GRAPH OF DENTAL AGE 'POINTS'



Would that I had also had the time to nip over to Helsinki in Finland to renew an old friendship with Votila, Professor of Forensic Medicine in the University there, whom Guy's last saw in 1949, but time—and I rather felt, also, the liver parenchyma, was petering out. I received a sharp jar when, dining with Hansen and our very attractive wives in *Opera Kallaren* one evening, I raised my glass to drain the last drop of Bisquit Dubouche only to meet the direct and (I felt) slightly critical eyes of a Guy's man appraising me and my companions as he stood by my table : for an instant I saw in his eyes (or was I unduly sensitive) the disapproving gaze of my Dean, my Hospital Governors and even the G.M.C. Then he smiled a 'D'you remember me Simpson ?' and the tension broke. Nevertheless, I felt the time had come to return to routine and the staff common room : I couldn't help feeling I'd miss *gratinerad slatvarsfile*, *kycklying* and *geitost* for a bit, but there were compensations. How important it is to measure the qualities of your own colleagues against those of other world experts : you tend to take so much of your familiar professional figures' easy brilliance for granted when you live with it. I found myself, as is proper, thinking of Guy's.

HEART DISEASE AND PREGNANCY

A Clinical Lecture given at Guy's Hospital on June 15th, 1953.

By T. L. T. LEWIS, F.R.C.S., M.R.C.O.G.

LADIES AND GENTLEMEN.—The incidence of cases of heart disease in 23,930 pregnancies at Guy's Hospital from 1928 to 1950 was 392, 1·6%. The mortality was 2·8%. It is instructive to consider these cases in two groups, Classes A and B, according to the method of classification used in the annual report of the Obstetric Department at Guy's. Class A includes only cases domiciled in the vicinity of the hospital, whether they are delivered in the ward or in their own homes in the district, and it is representative, therefore, of a cross-section of a selected part of the general population. In 20,459 Class A patients heart disease occurred 277 times, an incidence of 1·3% and the mortality was 1·45%. Class B includes cases who live out of the area covered by the Guy's district but are referred to the hospital for special reasons or admitted as emergencies. There were 3,471 Class B patients : the incidence of heart disease was 3·3% : the mortality was 6·1%. These higher figures for Class B patients are understandable when it is realised that cases of heart disease are generally referred to hospital for their pregnancies. This applies particularly to severe cases, some of whom are admitted as emergancies in heart failure : if labour supervenes on heart failure in such cases the mortality may be as high as 50%. The contribution of heart disease to maternal mortality from all causes is shown by the fact that in Class A 10%, and in Class B 27%, of maternal deaths were due to heart disease.

The frequency with which rheumatic heart disease (mitral stenosis in fact) occurs in pregnancy is shown in the following table, in which the incidences of various kinds of heart disease are compared in pregnant and non-pregnant women.

Incidences of types of heart disease in pregnant and non-pregnant women.

Pregnant		*Non-pregnant*	
Rheumatic	90%	Hypertensive	30%
Congenital	7%	Coronary	25%
Hypertensive	2%	Rheumatic	25%
Others	1%	Pulmonary	5%
Thyrotoxic		Thyrotoxic	5%
Coronary		Syphititic aortitis	3%
Syphilitic		Congenital	2%
		Endocarditis	2%
		Others	3%

The above figures are taken from cardiological clinics. The inclusion of 2% of hypertensive cases in pregnancy and heart disease is misleading because essential hypertension as a problem in pregnancy (not including toxæmia) is almost as common as all cases of heart disease encountered in pregnancy. The cases referred to in this list are a small sub-group presenting other cardiological features in addition

to hypertension. As a rule the heart is not affected in cases of hypertension in pregnancy and they will not concern us further. Because of the very great preponderance of cases of rheumatic heart disease my remarks in the rest of this lecture apply mainly to mitral stenosis. The frequency of this disease in pregnancy is simply a reflection of the younger age of the women who undergo child-bearing.

The usual course of a disease should be borne in mind when the relation of pregnancy to it is considered. The course of rheumatic heart disease can be indicated as follows :—

Natural history of rheumatic carditis

(*from* 120 *personal cases by Paul Wood*)

		Variation
Average age of onset	13 years	
Latent interval	15 years	
Duration of mild symptoms	2½ years	(0–13 years)
Duration of moderate symptoms	3 years	(0–18 years)
Duration of severe symptoms	1½ years	(0–5 years)
Average age at death	35 years	

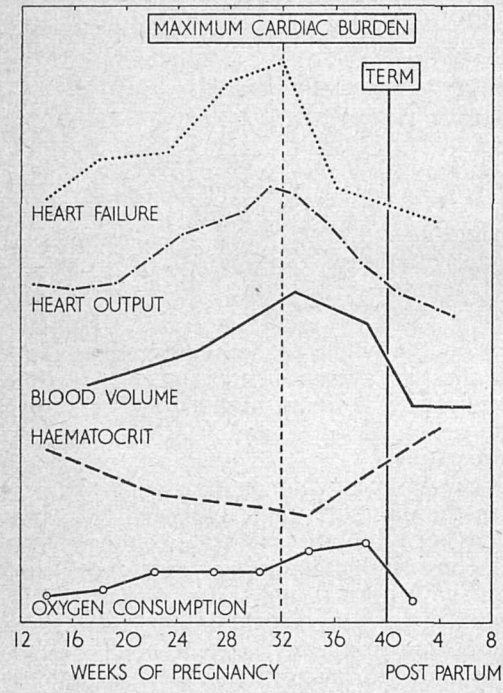
The disease is thus seen on the whole to be a progressive one, but it must be emphasised that these are average figures and considerable variation takes place. In pregnancy it is found that 90% of cases are mild, with a mortality in the region of 0·5%, and 10% of cases are severe, with a mortality approaching 10%. This large proportion of mild cases may be partly because most women have their babies before the age of thirty when the disease is mild and partly because the severely affected woman does not voluntarily embark on a pregnancy.

Pregnancy means that a considerable amount of extra work has to carried out by the heart in both normal and diseased cases. The enlarging uterus and general gain in body weight (about two stone in all by the end of pregnancy) lead to an extra weight which has to be carried about by the patient in moving from place to place. In addition the uterus encroaches on the diaphragm and would seem to cause respiratory embarrassment. But measurements of these two factors appear to show that they account for relatively little of the extra work of the heart. In fact the pulmonary vital capacity is actually increased in pregnancy. On the other hand measurements of the cardiac output show that it increases by an amount which accounts for practically all the extra strain thrown upon the heart. Work done by the heart is the product of the output times the peripheral resistance. The peripheral resistance as shown by the blood pressure remains normally more or less constant in pregnancy, so that a raised cardiac output means more work to be done by the heart.

The increase in cardiac output is achieved by a rise in pulse rate and an increase in stroke volume. This extra output means that the heart of the pregnant woman at rest near term is doing as much work as the heart of the non-pregnant woman undergoing moderate exercise. The increase in cardiac output can, in turn, be accounted for by a marked rise in blood volume. This is due mainly to dilution of the blood with plasma, as shown by the hæmatocrit. The blood volume rises by as much as 40% by the 32nd week. This is probably connected with a widespread retention of water and salt in the tissues in pregnancy

which may be under endocrine influence. Another factor which may be concerned in raising the cardiac output is the possibility of an arterio-venous shunt in the placenta : the heart may constantly be filled by way of the short circuit and therefore have to expel more blood to empty itself. It is of practical importance to note that the blood-volume and the cardiac output rise together until about the 32nd week of pregnancy and thereafter they decrease. In some series of cases the incidence of heart failure in pregnancy has kept in step with the rise in cardiac output with a peak at the 32nd week.

COMPARISON OF THE CIRCULATORY CHANGES OF PREGNANCY WITH THE INCIDENCE OF HEART FAILURE
(according to Morgan Jones)



The diagnosis of mitral stenosis is generally straightforward. A few cases in pregnancy may give rise to difficulty. Normally the heart and apex beat become displaced upwards and outwards : a split apical first sound and a diastolic third sound may occur and be confused with a murmur : the pulmonary second sound may be accentuated : the radiographic appearances may be similar to those found in mitral stenosis. Absence of a history of rheumatic fever or the presence of any cardiac disability are of importance in the diagnosis of such cases.

Various considerations need to be taken into account when attempts are made to assess the risk involved by a patient with mitral stenosis who presents herself with the intention of undergoing a pregnancy. Estimation of the functional capacity of the heart can best be done by the taking of a careful history from the patient concerning her response to physical activity before and since pregnancy. Any incapacity for exercise and the rate of its increase should be taken into account. A convenient classification of response to exercise is the New York Heart Association method, which has become universally recognised. Cases are placed into one of four classes, on the basis of their history, as follows :—

Grade I No limitation of physical activity.
No discomfort on ordinary activity.

Grade II Slight limitation of physical activity.
Some discomfort on ordinary activity.

Grade III Marked limitation of physical activity. Discomfort on less than ordinary activity. Comfortable at rest.

Grade IV Discomfort on any sort of physical activity. Symptoms of cardiac insufficiently at rest. Evidence of congestive heart failure.

The prognosis varies according to the grade of incapacity. Patients who are normally well or fairly well compensated are likely to go through pregnancy without trouble. This is illustrated in 1,428 cases reported by Jensen in which the mortality in Grades I and II was 0·4%, but in Grade III it was 5% and in Grade IV 23%. A previous history of heart failure indicates a serious lesion unless there was adequate reason for the failure, such as an attack of pneumonia or a very bad cold. Women with a history of several attacks of heart failure without due cause are bound to undergo failure in pregnancy. Attacks of "bronchitis" which are believed to have precipitated heart failure may in fact have been attacks of pulmonary congestion as the result of a failing left auricle ; they are therefore in reality a manifestation of heart failure. The occurrence of cough and hæmoptysis without pyrexia or a purulent sputum would indicate pulmonary congestion rather than bronchitis. The course of events in a previous pregnancy is a useful guide to the prognosis of a subsequent one. But it should be remembered that the patient may be worse by the time she is pregnant again. Hunt, a physician at Guy's, classified a number of cases according to the size of their hearts and showed, in 1926, that the bigger the heart the worse was the prognosis in pregnancy. Older patients may have more advanced mitral stenosis, although this is by no means invariable. The social class and the mental attitude of the patient will determine to some extent the degree to which she will carry out instructions to rest during her pregnancy. Auricular fibrillation is a sign of advanced disease and may even be an indication in some cases for valvotomy or termination of pregnancy. Pulmonary congestion is important because it is likely to be overlooked ; it may come on relatively quickly in pregnancy and, if disregarded, may be fatal. Mention has already been made of waterlogging of the tissues in pregnancy, associated with retention of sodium which affects the lungs as well as the rest of the body. In addition the increase in cardiac output may be so great that the left auricle is unable completely to empty itself through the stenosed mitral valve. But the unhampered right ventricle is able to expel the whole of its content of blood into the pulmonary circuit in which, as a consequence, the pressure rises and the œdema present in the lungs is made considerably worse. The patient with pulmonary congestion complains of increased breathlessness on exertion from a decreased vital capacity, cough, wheeziness and tightness in the chest and hæmoptysis. On examination of the chest moist sounds which persist after coughing can be heared at the bases of the lungs. Increased vascular striations can be seen on X-ray. Attacks of paroxysmal dyspnœa (cardiac asthma) occur when the lung œdema becomes severe. These often take place at night and may be related to emotion. They herald an attack of acute pulmonary œdema in which the patient is seized with sudden acute

dyspnœa and cyanosis and she becomes in danger of drowning in large amounts of frothy pink sputum. A recent analysis of 11 consecutive fatal cases of heart failure in pregnancy by Morgan Jones revealed that 3 died with auricular fibrillation (apparently advanced cases) : of those with normal rhythm 4 died from right heart failure and 4 died from acute pulmonary œdema. It can be appreciated therefore why pulmonary congestion has become of late an urgent indication for the consideration of valvotomy. Remember that in non-pregnant patients auricular fibrillation nearly always precedes heart failure whereas in pregnancy auricular fibrillation is uncommon even when the heart is failing. A constant reminder of the importance of antenatal supervision is the admission in emergency of women in heart failure who have not had proper antenatal care. At least half of the fatalities in mitral stenosis is accounted for by such cases. Attention has recently been focused once again on the nature of the valve lesion because of the possibility of valvotomy in some cases. The conception of a rheumatic pan-carditis to explain the progressive nature of the disease is no longer needed ; a stenosing mitral valve accounts for the deterioration. Cases with a small heart and considerable functional incapacity due to a tight mitral valve are among those selected for valvotomy. Pulmonary congestion as an indication for operation has been mentioned. Mr. Gibberd has pointed out that patients with a lesion of the aortic valve in addition to the mitral may develop heart failure very suddenly. Active rheumatic carditis and subacute bacterial endocarditis are clearly conditions which affect the prognosis adversely, although the outlook in the latter condition has been considerably improved by the use of antibiotic drugs.

In a very few severe cases termination of pregnancy before twelve weeks used to be undertaken to avoid the problem of delivery in a patient with heart failure. Such cases were Grade IV patients, those with a history of repeated heart failure and severely incapacitated patients with auricular fibrillation. Today many of them would benefit from valvotomy ; termination of pregnancy may in future be reserved for those uncommonly severe cases in whom cardiac surgery has been unsuccessful or is contra-indicated. Termination is hardly ever indicated after the 14th week of pregnancy because abdominal hysterotomy is usually as dangerous as continuation of the pregnancy to term.

The most important single factor in the management of pregnancy is adequate rest. Patients in Grades I and II can be treated as out-patients. They are allowed exercise to the limit of becoming breathless; they are advised to have 10 to 12 hours in bed at night and 2 hours rest in bed each afternoon. Adequate help in their household duties is important. Grades III and IV patients need to rest under supervision in hospital. Out-patients should make weekly or fortnightly visits to the antenatal clinic in case there is any undue deterioration in their capacity for physical effort or evidence of pulmonary congestion. Ideally these patients are seen by the obstetrician and the cardiologist together. The general practitioner may be asked to help by paying a periodic visit to the patient's home thus sparing her a journey to hospital. He should always be informed should the patient feel unwell. Symptoms and signs which are especially noticed are more breath-

lessness than is expected for the duration of pregnancy, cough, hæmoptysis, tightness and wheeziness in the chest associated with rales at the lung bases which persist after coughing, and radiographic evidence of commencing pulmonary congestion, attacks of paroxysmal dyspnœa, enlargement of the liver, cyanosis and dilated neck veins. Patients showing any worsening of their condition are admitted to hospital. Heart failure is treated by rest, digitalis and mercurial diuretics if necessary. Acute pulmonary œdema is treated by rest, morphia, aminophyllin, oxygen and venesection. Valvotomy is then considered. Anæmia and infections, including dental sepsis, should be treated. Teeth extractions are best carried out under cover of penicillin. All cases are admitted to hospital for rest in bed about two weeks before term. More severe cases derive benefit from one or two weeks in bed about the 32nd week of pregnancy when the heart is working at its maximum.

Delivery is best by the vaginal route. The indications for cæsarian section are limited. Operation is more disturbing to the patient : the pulse rate is higher after it, discomfort is greater and infection of congested lungs more likely. Patients in heart failure near term generally improve with rest in bed and the cardiac burden lessens after the 36th week. Figures of Gilchrist and Haig in this country and of Mendelson in the United States support this view. In 102 cæsarian sections and 277 vaginal deliveries in comparable groups of Grades III and IV patients the mortality was 11·8% for the cæsarian sections and 4·3% for the vaginal deliveries. Cæsarian section should be reserved, therefore, for cases in whom an abnormal or difficult labour can be anticipated or develops, for example, disproportion or uterine inertia. An exceptional indication may be following recovery from an attack of acute pulmonary œdema near term. Immediate delivery may be necessary before another, possibly fatal, attack occurs. There is no place for surgical induction of labour in these cases. Cæsarian section should never be done solely in order that the patient may be sterilized : vaginal delivery and contraception are better alternatives.

In the majority of cases an easy vaginal delivery takes place. This depends to some extent upon the correct management of pregnancy. The patient should be in a state of maximum cardiac reserve and anticipated difficult delivery should be treated by cæsarian section. During the first stage of labour she is rested and sedated. When the cervix is fully dilated forceps are applied to avoid the effort of bearing down. It has never been satisfactorily explained why many of these patients have such a short and easy second stage of labour that there often is not time to apply forceps, although experience shows that this is usually the case. Sudden heart failure or pulmonary œdema may happen shortly after delivery and may be due to overfilling of the right side of the heart with blood from the retracting uterus. It has been suggested that a small amount of post-partum hæmorrhage should be allowed to prevent this but clearly venesection is the only practical method of controlled blood-letting. It should be used for pulmonary œdema soon after delivery.

Adequate rest needs to be continued into the puerperium. Lactation is permitted if the condition of the patient is satisfactory. In the normal patient a streptococcus viridans birth canal infection

is always mild and without serious significance. In mitral stenosis there is the danger of subacute bacterial endocarditis. The use of prophylactic penicillin, as a routine or in cases with pyrexia, or in cases with a known strephococcus viridans birth canal infection, has been suggested. In 23,930 cases at Guy's since 1928 there has not been a single fatal case of subacute bacterial endocarditis which has occurred as the result of infection started in the puerperium. It would seem reasonable, therefore, to withhold penicillin until a definite diagnosis of subacute bacterial endocarditis is made because the prognosis with penicillin is still good after the delay due to waiting for positive blood culture. I remember one case in whom prophylactic penicillin was given ; no diagnosis was made and eventually a prolonged course of penicillin had to be given for a persistent pyrexia of unknown origin. Isolation of the causative organism allows its sensitivity to be assessed against more than one antibiotic drug.

Mention has been made of valvotomy in mitral stenosis. Pregnancy which causes a sudden increase in the load on the heart is no bar to the operation. On the contrary it may be an urgent indication. Since the first operation by Mr. Brock on a pregnant patient at Guy's in 1949, 5 successful vaginal deliveries have taken place in Victoria ward after valvotomy. All these patients were severely affected and were relieved of pulmonary congestion by their operation ; their outlook in pregnancy without valvotomy would have been poor.

Dr. Stanley M. Wells, who qualified at Guy's in 1905, *and has practised for many years in Valparaiso, Chile, sends us the following autobiographical note :—*

A VOICE FROM THE JUNGLE
(or WHY I WENT TO GUY'S)

Ever since I can remember I wanted to study medicine. It used to be my great delight to receive the doctors when they came to our house in Lima, Peru. They came in their carriages-and-pairs, top hats and frock-coats and inside their up-turned top hats they frequently left their wooden stethoscopes. I used to go and see them off when they departed. How I longed to be one of them ! One evening soon after my father returned from a long sea voyage which he had been ordered to take after having gone through a severe attack of typhoid fever (I must have been about twelve years old then) he arrived at dinner time from the British Club accompanied by a very nice looking young man with a short moustache turned up at the ends, very talkative and full of fun.

When I went up to meet them my father said " There you are doctor, Stanley wants to follow in your footsteps." He was an old Guy's man, Dr. W. E. Sturgess-Jones. The doctor had come to the coast from the Peruvian jungle. He was the captain of a cricket team which he had got together to play a few matches in Lima—my father being a member of the local team. Sturgess-Jones was the wicket-keeper. He was medical officer of some company in the interior, I forget the name of the place, which at that time was mostly unexplored jungle.

When the doctor heard that I was going to England to school and afterwards to study medicine, he said at once, " *You must go to Guy's Hospital. You will* never regret it. If you work hard and play hard you will get on. Your teachers will be your best friends all through your course and your fellow students at Guy's you will find the best in the world." He came several times to our house. To him there was no place like Guy's. He used to tell me yarns of his student life at the Hospital which captured my youthful imagination completely.

After the doctor went back to the jungle I did not see him again until I was qualified. He was in practice somewhere in South London where I went to call on him. He was out at a confinement but I waited as he was expected back soon.

Without mentioning my name he remembered me twelve years afterwards. His house was full of tropical feathers, stuffed birds, bows and arrows, skulls, trinkets, etc. I told him that all he had told me in Lima about Guy's was more than justified. We had a long chat. After that visit I never saw him again.

I have always remembered the doctor with affection and thankfulness for his advice. I had not only followed him in his footsteps as a medical man, but I finished up my last two years at Guy's by keeping wicket for the 1st Eleven, both of which years we won the Inter Hospital Cricket Cup, with H. D. Wyatt and J. S. Bookless as Captains respectively.

REVIEWS

Curative Hypnosis. Edited by RAPHAEL H. RHODES. Published by Elek Books Ltd. *Price* 15*s.*

The preface to this book states that it has been designed for the general reader, as well as for the specialist. That the term general reader is intended to include the interested layman becomes apparent from the editor's further remarks, in which he stresses that " He who asks ' Can hypnotism help me ?' will find his answer here." He will in fact find a good many answers, but he is likely to be left with even more questions.

The twelve contributors vary considerably in eminence, experience, and perhaps even in scientific integrity ; nor is there agreement among them as to the degree to which a knowledge of dynamic psychiatry is essential to the proper use of hypnotism. One recognizes both the glibness and grandiose blandness of the direct spiritual descendants of Anton Mesmer—" . . . How hypnotism has controlled insomnia, migraine, asthma, blushing, enuresis, excessive smoking, and impotence . . . "—as well as a studious application and modest objectivity in the true tradition of Liebeault and Bernheim. The extent to which a book of this kind should have some internal consistency is of course a matter of opinion.

For the specialist, the most interesting chapters are those by Wolberg, Erickson, and Kubie. Erickson is one of the most ingenious and technically competent users of hypnosis, which in his case supplements a sound and wide psychiatric background, and excellent clinical judgment. But it is just in these chapters that the interested layman will inevitably find himself struggling or sensually wallowing, according to his taste, in the detailed and extensive sexual descriptions which characterise the case histories. In view of the types of case chosen for exposition, such details are indeed essential to any appreciation either of the underlying psychopathology, or of the actual clinical procedure ; but one wonders to what extent they are relevant or even reasonable in a book aimed primarily at explaining hypnosis to the general reader. It is here that the book's dual and divided aims appear most blatantly irreconcilable.

This is in short a book which contains much that is both interesting and valuable, together with a certain amount that is trite and second rate. It needs to be read not only with critical discrimination, but with some degree of developed understanding of hypnosis and psychodynamics if it is not to leave the reader either bewildered, affronted, astonished or misled. Nevertheless its widest appeal may yet be to those who, like the ancient Athenians, are ever eager for some new thing—or for some old thing in a new and intriguing or sensational guise. They will not be disappointed ; but the more serious reader will lament the unevenness of quality, springing perhaps from an uncertainty of aim.

D.S–C.

British Medical Science and Practice. Edited by G. F. PETRIE, M.D. Longmans, 1953. *Price* 15*s.*

The publishers of this book inherited it as a legacy from the British Council and it has the high-minded intention of " helping doctors and students from abroad to follow modern trends of medicine as practised in Britain." The editor has sought to do this by presenting a well chosen series of excerpts from papers by workers in many widely separated branches of medical science.

All these passages (and there are 98 of them) are models of brevity and lucidity. Each of them would stimulate even the most casual of readers to refer to the parent paper. The subjects are varied and this must surely be the first book to offer guidance on *The sex ratio of a population of lice* and *Medical rehabilitation in hospital* within a few pages of each other. Though most of the passages are of

recent date, it is pleasant to see that Sherrington, Gowland Hopkins and Almroth Wright each find their place.

Other sections of this book include a chapter on the pioneers of British Medicine and their aphorisms. Addison, Bright and Sir William Gull uphold the honour of past Guy's men, as do Sir Heneage Ogilvie, Sir Charles Symonds and Dr. Grant in the contemporary selections.

This book is well produced, well illustrated and thoughtfully edited. While it should satisfy its declared object, it should also be a welcome newcomer to the bedside shelves of British medical readers. The schoolboy criticism of *Hamlet*, "It's all quotations" applies to this book, but what good quotations they are.

P.S.B.

Bacteria in Relation to Nursing. By C. E. DUKES. Second edition. Revised by STANLEY MARSHALL, M.D., B.S.(Lond.), M.R.C.S. Published by H. K. LEWIS, 1953. Price 17*s.* 6*d.*

This, the second edition of an excellent textbook first published in 1946, has now been revised and brought up to date by Dr. Marshall. Some extra material, notably a chapter on viruses, has been added. The book was primarily intended for nurses taking the Sister Tutor's Diploma or the Diploma in Nursing and admirably fulfils its purpose. Student nurses would find it an invaluable reference book, the chapters on Immunity being particularly lucid. The whole volume is well produced on good paper with clear type and the matter is well arranged. It can be recommended to nurses at any stage of their career.

B.W.

CORRESPONDENCE

Letters to the Editor of the Gazette

Disguysed Minstrels

SIR,—Meeting a present-day Guy's man at a kind of Christmas party, we fell to talking of old times.

"I believe you don't have 'niggers' at Guy's nowadays ?" I asked.

"'Niggers'?", he repeated, astonished, "Do you mean coloured students ?"

I know we were not always very good, but we did our best. It is hard to be so completely forgotten.

Your humbled and obedient ex-nigger,

Ministry of Health,
Savile Row, London, W.1. LESLIE HOUSDEN.

The Sisters at Guy's

SIR,—*Passim* (December 12th) : "On page 489 (sic) we print a full (sic) list of Sisters holding appointments at Guy's . . ."

An ardent young woman from Bicester,
Worked at Guy's as a Nuffield House Sicester.
Till she read the Gazette,
And resigned in a pet,
For the licesters of Sicesters had micester.

York Clinic too ; but if you want any more you must sing it yourself—I'm busy. Try Cirencester.

Yours, etc.

11, Royal Crescent,
Cheltenham. JOHN MILES.

As the Ciren's near Gloucester no wonder we loucester.—ED.

ANSWERS TO CHRISTMAS QUIZ

1. Sir Russell Brain, Sir Cecil Wakeley, 2. Because it used to be off the Colonnade, 3. Quito, 4. The White Rabbit's, 5. Gradenigo's, 6. Monteggia's, 7. Sir James Paterson Ross, 8. Dunnet Head, Ardnamurchan Point, 9. Shottery, 10. Old ward names, 11. Sir David Campbell, 12. T. S. Eliot, 13. Seven, 14. Dr. R. T. Grant, 15. Rutland (Oakham) ; Clackmannan (Alloa).

PUPILS' PHYSICAL SOCIETY

The meeting of the Society on December 10th, although poorly attended, was very successful. Two children suffering from disorders of movement were shown, illustrating some sequelæ of kernicterus and neonatal asphyxia. Five films were shown, *Rheumatic Chorea*, *Kernicterus Chorea*, *Athetosis*, *Sequelæ of Anoxia* and *Hemiballismus*. There was also a Pathology Quiz. The discussion was lively and informative and we were very fortunate in having Drs. P. E. Polani and D. G. Vulliamy to answer many questions and to give us much interesting information.

We gratefully acknowledge our debt to Dr. Polani for his kindness in arranging both cases and films ; to Mr. Engel of the Photographic Department for the loan of apparatus ; Mr. Walker, Jnr., of the Anatomy Department for acting as projectionist and to all others who helped in the arrangements for this meeting.

The Presidents were Messrs. P. S. Boulter, J. Graham Davies and A. J. Membrey.

HOSPITAL INFORMATION

MEDICAL FIRMS

From December 14th the Medical Firms are re-arranged as follows :—
Dr. Douthwaite, Dr. Hardwick and Dr. Bishop.
Dr. Boland, Dr. Baker and Dr. Houston.
Dr. Hampson, Dr. Kauntze and Dr. Grant.
Dr. Mann, Dr. MacLean and Dr. Campbell.

SISTERS AT GUY'S

The following names were unfortunately omitted in error from the list published in our last issue :

District :

Sister Jackson
Sister Hickey

Nuffield House :

Sister M. Lloyd	Sister in Charge
Sister Chrimes	Floor Sister
Sister Parkins	Floor Sister
Sister Griffith	Floor Sister
Sister Tart	Floor Sister
Sister Laws	Theatre Sister

York Clinic :

Sister McDonald	Sister in Charge
Sister Odelga	Floor Sister
Sister Wright	Floor Sister
Sister Lunn	Floor Sister

PERSONAL

Special rates for Guy's staff, students, nurses and subscribers to the Gazette : 1 line 2s. 6d., 3 lines 6s. Box Numbers 6d. extra.
Ordinary rates :—
1 line 6s., 4 lines 20s. Box Numbers 9d. extra.

Wanted

HALF SKELETON. Box 23, *Gazette* Office.

Required

DENTAL.—Services of a conscientious assistant in exchange for good salary and offer of partnership after one year if mutually satisfied—S. C. J. Pink, Stratford House, Market Street, Ilkeston, Derbys.

For Sale

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DEATH

BERNARD.—On 25th November, 1953, at Summerhill, Wicklow, Eire, Philip Eric Bernard, L.D.S.R.C.S.

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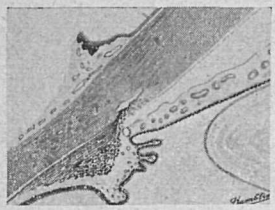

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